



LOS ANGELES COMMUNITY COLLEGE DISTRICT  
EAST LOS ANGELES COLLEGE CAMPUS CHILD DEVELOPMENT CENTER  
(323) 265-8788

**DAY PROGRAM APPLICATION FOR**

**2016-2017 SCHOOL YEAR**

**\*\* PLEASE READ THIS APPLICATION CAREFULLY \*\***

The following information is provided to determine whether or not your child/children meets entry level requirements for this Program. After reading the information, and if you believe your child/children are eligible, complete the attached **application and submit it with the required original documents** to the Child Development Center Office, A1 Building.

**This application will only be accepted and processed, when submitted with all required original documents - incomplete applications will not be accepted.**

**I. A. General Requirements for Enrollment :**

- Children must be 3 to 5 years of age at the time of enrollment by **September 1, 2016**.
- Priority is given to:
  - 1) Children of Protective Services;
  - 2) Students of the Los Angeles Community College District;
  - 3) Faculty and Staff;
  - 4) Community.
- Total current household income verification will be required to determine your eligibility for the State Preschool Program, CalWORKs and/or Center Based Programs.
- It is recommended that children are fully toilet trained.
- Preschool children should not be enrolled in another program at the same time.
- A child must be enrolled a minimum of two days.
- Verification of training and/or employment is required.

**II. A. Requirements for Subsidized Care:**

- All general requirements in Section I.
- The child must live in the State of California while services are being received.
- Gross monthly income must not exceed the income ceilings established by the State Department of Education Early Education Support Division (EESP).
- Priority is given to 4-year-olds and then 3-year-olds.

**III. A. Requirement for CalWORKs Participants:**

- All general requirements in Section I.
- Parent(s) must verify CalWORKs/TANF status.

**B. Center Based Enrollment:**

- All general requirement in Section I.
- Student parents with the highest priority will be notified, as space is available. Unsubsidized child care fees are based on a sliding fee scale approved by the Los Angeles Community College District Board of Trustees. The rate is between \$1 - \$2 an hour for students and \$3 - \$5 for non-students.

*This Institution is an Equal Opportunity Provider.*

**IV. A. How Did You Hear About The Child Development Center:**

For research purposes, we would like to know how you found out about the Child Development Center. Please complete by marking the appropriate box in **Part IV** of the application.

**B. Submitting An Application:**

This application will only be accepted and processed when all **\*original documents** are attached as listed below:

- **Current Verification of total household income:**
  1. TANF/CalWORKs Verification; or
  2. Employment Verification (2 or 4 consecutive weeks of check stubs, totaling 1 month's worth.)
  3. Unemployment and / or Disability Verification;
- **Utility Bill (gas, water, trash, electricity bill, rental agreement)** as proof of physical address.
- **Birth Certificate:** Are required for all children, under the age of 18, who are part of your household.
- **Official Class Print-out:** If applicable, a current official class print-out will be required at the time of submitting the enrollment application to establish eligibility priority for your child(ren) in the program and at the beginning of every semester to verify student status. (See "General Requirements" section I.)

(\*Submit original documents, copies will be made at the Child Development Center. )

**NOTE:** You may be required to submit current income verification or additional information during the intake and/or enrollment process and anytime thereafter.

*This Application is Contingent on State Funding for Our Program.*

**Please Note: All Programs are Subject to Change Without Prior Notice**

**V. Session Offered:**

Semester	Session	Age Group	Hours of Operation	Minimum Hours of Enrollment	Minimum # of Days
Summer '16 <b>(June 15- August 19)</b>	All Day	3 - 5	7:45 am - 3:30 pm Monday - Thursday 7:45 am - 12 pm, Friday	8:30 am - 3:00 pm	Two days
Fall '16 Winter '17 Spring '17	All Day	3 - 5	7:45 am - 3:30 pm Monday - Thursday 7:45 am - 12 pm, Friday	8:30 am - 3:00 pm	Two days
Fall '16 Winter '17 Spring '17	Morning	* 4 - 5	7:45 am - 12:00 pm Monday - Friday	8:30 am - 12:00 pm	Two days
Fall '16 Winter '16 Spring '16	Afternoon	* 4 - 5	12:00 pm - 4:00 pm Monday - Thursday	12:00 pm - 3:30 pm	Two days

\* Three-year-olds will be accepted if there are no four-year-olds on the eligibility list.

**Completing This Application Does Not imply That Your Child Has Been Accepted Into the Program.**

**Submit application to the Child Development Center (Bldg. A1-101) beginning March 14, 2016 to establish eligibility for your child(ren) enrollment between June 13, 2016 - June 2, 2017.**

<b>FOR OFFICE USE ONLY</b>	
Date Application Received:	_____
Child Protective Services:	_____
CalWORKs:	_____ Other: _____
Staff Initials:	_____

**DAY PROGRAM APPLICATION FOR ENROLLMENT  
2016-2017 SCHOOL YEAR**

**The following will be required:** Current family's income verification (1 month's worth), a utility bill (gas, electricity, trash, or water) and child's birth certificate for all children **under the age of 18** who are part of your household will be required to be submitted with this application. (Submit original documents, copies will be

**This Application is Valid for Enrollment From 06/13/16 - 06/02/17**

**PART I - Child Information:**

- |    |                                    |           |       |
|----|------------------------------------|-----------|-------|
| 1. | _____                              | _____     | _____ |
|    | Child's Name - Last, First, Middle | Birthdate | Age   |
| 2. | _____                              | _____     | _____ |
|    | Child's Name - Last, First, Middle | Birthdate | Age   |
| 3. | _____                              | _____     | _____ |
|    | Child's Name - Last, First, Middle | Birthdate | Age   |

**Parent's/Guardian's Information:**

_____		_____	
Mother's/Guardian's Name ( )		E-mail address (if applicable) ( )	
_____		_____	
Home Number		Cell Phone Number	
_____		_____	
Address		City	
_____		_____	
Address		Zip Code (include 9-digit zip code)	
_____		_____	
Father's/Guardian's Name ( )		E-mail address (if applicable) ( )	
_____		_____	
Home Number		Cell Phone Number	
_____		_____	
Address		City	
_____		_____	
Address		Zip Code (include 9-digit zip code)	

**PART II - Program:**

I am interested in applying for:

Year-Round:	_____	June 13, 2016 - June 2, 2017
* Summer Only:	_____	June 13, 2016 - August 19, 2016
Fall through Spring:	_____	August 29, 2016 - June 2, 2017

**PART III - For CalWORKs/TANF Participants Only:**

- |  |             |                 |
|--|-------------|-----------------|
| 1. Are you an active participant of the East Los Angeles College CalWORKs Program? | Yes: _____  | No: _____       |
| 2. Which of the following are you currently receiving?                             | TANF: _____ | CalWORKS: _____ |

**PART IV - How Did You Hear About The Child Development Center? (check all that apply):**

- |                          |   |   |   |                                       |
|--------------------------|---|---|---|---------------------------------------|
| a. Campus Department:    | <input type="checkbox"/> Admissions       | <input type="checkbox"/> CalWORKs         | <input type="checkbox"/> ELAC Website                 | <input type="checkbox"/> Other: _____ |
| b. Check all that apply: | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Sibling attended | <input type="checkbox"/> Resource and Referral Agency |                                       |

**For Office Use:**      **Income:** \_\_\_\_\_      **Family Size:** \_\_\_\_\_      **Rank:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Feb-16

**A. Student Status:**

1. What is your vocational major or objective/educational goal?

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Guardian:** \_\_\_\_\_

a. Check the number of units you anticipate taking this semester at a Los Angeles Community College District Campus?

**Mother:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

**Father:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

**Guardian:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

2. Did you apply at this Center last year? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Total Family and Source of Family Income:**

1 Are you a single parent family? Yes \_\_\_\_\_ No \_\_\_\_\_

2 Total Number of Family Members: \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_

List siblings of the child you are enrolling and provide the following information:

Indicate below the source of income and the amount for each one:

<u>Name</u>	<u>Date of Birth</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

1. Employment:	<input type="checkbox"/>	_____
2. TANF/Calworks:	<input type="checkbox"/>	_____
3. Unemployment:	<input type="checkbox"/>	_____
4. Other/Specify:	<input type="checkbox"/>	_____

**C. Certification:**

I certify to the best of my knowledge that the above statements are true. I understand that providing misleading or fraudulent information are grounds for denial and/or termination of services. I understand that I have the right to appeal the denial of my request for services.

\_\_\_\_\_  
Parent/Guardian(s) Signature

\_\_\_\_\_  
Date

**PART V - Children's Enrollment in the Program:**

Each child is required to attend a minimum of 2 days per week, 3.5 consecutive hours in the Morning or Afternoon Programs; and 6.5 consecutive hours for the All Day Program.

(Check the day(s) requested)	Mon.	Tues.	Wed.	Thurs.	Fri.
* <u>All Day Session</u> 7:45 am - 3:30 pm, Mon. - Thurs. (min. 8:30 am - 3:00 pm) 7:45 am - 12:00 pm, Friday					
* <u>Morning Session</u> 7:45 am - 12:00 pm, Mon.-Fri. (min. 8:30 am-12:00 pm)					
* <u>Afternoon Session</u> 12:00 pm - 4:00 pm, Mon.-Thurs. min. 12:00 pm -3:30 pm)					
<u>Summer Session Only</u> 7:45 am - 3:30 pm, Mon. - Thurs. (min. 8:30 am - 3 pm) 7:45 am - 12 pm, Friday ( <b>June 13 - August 19, 2016</b> )					

**\* Enrollment Days and Times are Subject to Change.**

**EAST LOS ANGELES COLLEGE  
CHILD DEVELOPMENT CENTER**

**Fraud Statement**

This program defines fraud as an intentional misrepresentation, concealment, or nondisclosure of information for the purpose of inducing Center staff to rely on it for determining eligibility for services.

Subsidized child development services are not an entitlement; families must meet eligibility requirements. Ultimately, the burden of proof of eligibility is on the parent, not the Center. If the parent cannot prove eligibility, the Center has no obligation to serve the family. At any step in the completion of the enrollment process or child's attendance in the program, services may be suspended, if fraud is substantiated. Documentation of fraud will be forwarded to the General Legal Council of the Los Angeles Community Colleges District (LACCD). If a family has obtained services through fraud, repayment of outstanding balance of tuition is required before any future services are considered.

The Center may verify information/documentation provided by the parent.

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I understand the above fraud statement and declare, under the penalty of perjury, that the information and documentation I have provided, is true and correct to the best of my knowledge. I give the LACCD Center permission to verify all information provided.

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Family Group Color

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative's/Director's Signature

\_\_\_\_\_  
Date