

SCANNED COPIES OF REQUIRED DOCUMENTS ALONG WITH A COMPLETED APPLICATION
WILL BE ACCEPTED AT THIS TIME UNTIL FURTHER NOTICE.
PLEASE E-MAIL ALL DOCUMENTATION TO CDC@ELAC.EDU

Los Angeles Community College District
East Los Angeles College Campus Child Development Center
(323) 265-8788

Enrollment Application

**** Please Read This Application Carefully ****

The following information is provided to determine whether or not your child/children meets the entry level requirements for this program. After reading the information, and if you believe your child/children are eligible, complete the attached application and email scanned copies of the required documents to CDC@ELAC.EDU

I. General Requirements for Enrollment :

- **Toddler Program:** Children must be 2.0 years by June 1st of the current year.
- **Pre-school Program:** Children must be 3 to 5 years of age by September 1st of current year.
- **Kindergarten:** Children must be 5 years of age by September 1st of current year.
- **Transitional Kindergarten:** Children must be 5 years of age by September 2-December 2 of the current year. *
- Priority is given to:
 - 1) Children of Protective Services;
 - 2) Full-time Students for Fall/Spring (12 units) and Winter/Summer (6 units) enrolled in of the Los Angeles Community College District; maintain a 2.0 G.P.A.
 - 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 toilet trained.
- Children must be enrolled Monday-Friday.
- Children should not be enrolled in another program at the same time.
- Verification of training and/or employment is required.

II. 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 Early Learning and Care Division (ELCD).
- Priority is given to 4 -year-olds and then 3-year-olds.

III. Requirement for CalWORKs Participants:

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

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.

Note ● ***Transitional Kindergarten** is the first year of a two year program, offered by the State of California Department of Education. If your child's birthday is between September 2-December 2 of the current year, your child will be eligible to attend our program for two years.

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 ***required documents** are attached as listed below:

- **Current Verification of total household income:**
 1. TANF/CalWORKs Verification, Foster Care payments 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.
- **Family Size:** Verification for all children, under the age of 18, who are part of your household is required. (i.e. birth certificate, hospital birth record, baptismal certificate).
- **Child's Immunization:** Provide current immunization record for child/children being considered for enrollment to verify that vaccines are in compliance with Los Angeles County Dept. of Health Services Child Care Entry Guidelines.
- **Current Class Print-out, Educational Plan, and Semester Final grades:** If applicable, a current enrollment verification, educational plan, and final grades 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.)

NOTE: You will be required to submit original current income verification and/or additional information during the 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:

Each child is required to attend 5 days per week, 3.5 consecutive hours in the Morning or Afternoon Programs; and 6.5 consecutive hours for the All Day Program.

Semester	Session	Age Group	Hours of Operation	Minimum Hours of Enrollment
Year-round	All Day	2 - 5	8:00 am- 2:30 pm Monday - Friday	8:30 am - 2:30 pm
Year-round	Morning	* 3 - 5	7:45 am - 11:45 am Monday - Friday	8:30 am- 11:30 am
Fall Semester	Afternoon	* 3 - 5	12:00 pm - 4:00 pm Monday - Friday	12:00 pm - 3:30 pm

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

Completing this application does not imply that your child has been accepted into the program

Submit application via e-mail to the Child Development Center at CDC@ELAC.EDU beginning April 15, 2022 to establish eligibility for your child(ren) in the program

LOS ANGELES COMMUNITY COLLEGE DISTRICT
 EAST LOS ANGELES COLLEGE
 | CAMPUS CHILD DEVELOPMENT CENTER

FOR OFFICE USE ONLY	
Date Application Received:	_____
Child Protective Services:	_____
CalWORKs:	_____ Other: _____
Staff Initials:	_____
TODDLER	PRE-K TK/KINDER

APPLICATION FOR ENROLLMENT

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 scanned copies of required documents to CDC@ELAC.EDU)

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:		
Parent #1/Guardian's Name _____ () _____	Student e-mail address (non-student: current email) _____ () _____	
Home Number _____	Cell Phone Number _____ <input type="checkbox"/> Mark this box, if a text can be send	
Address _____	City _____	Zip Code (include 9-digit zip code) _____
Parent #2/Guardian's Name _____ () _____	Student e-mail address (non-student: current email) _____ () _____	
Home Number _____	Cell Phone Number _____ <input type="checkbox"/> Mark this box, if a text can be send	
Address _____	City _____	Zip Code (include 9-digit zip code) _____
PART II - Program:		
I am interested in applying for: <input type="checkbox"/> Year-Round: July 1, 2022 - June 30, 2023		
PART III - For CalWORKs/TANF Participants Only:		
1. Are you an active participant of the East Los Angeles College CalWORKs Program?		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Which of the following are you currently receiving?		TANF <input type="checkbox"/> CalWORKs <input type="checkbox"/>
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: _____

A. Student Status:

- **Current Class Print-out, Educational Plan, and Semester Final grades:** If applicable, a current enrollment verification, educational plan, and final grades 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.). **IF APPLICABLE: PLEASE PROVIDE YOUR LACCD STUDENT IDENTIFICATION NUMBER BELOW.**

Parent #1/Guardian			Parent #2/Guardian		
Please check one of the following: Student <input type="checkbox"/> Non-Student <input type="checkbox"/>			Please check one of the following: Student <input type="checkbox"/> Non-Student <input type="checkbox"/>		
LACCD STUDENT ID #:			LACCD STUDENT ID#:		
What is your major: _____			What is your major: _____		
Semester	Units Enrolled	Name of College	Semester	Units Enrolled	Name of College
Summer			Summer		
Fall			Fall		
Winter			Winter		
Spring			Spring		
Did you apply at this Center last year? Yes <input type="checkbox"/> No <input type="checkbox"/>					
B. Total Family and Source of Family Income:					
1 Are you a single parent family? Yes <input type="checkbox"/> No <input type="checkbox"/>			Total Gross Monthly Income: \$ _____		
2 Total Number of Family Members: _____			Please check all that apply. Indicate the source of income amount for each one:		
List below other children of your immediate family and provide the following information:			<input type="checkbox"/> 1. Employment: \$ _____		
<u>Name</u> <u>Date of Birth</u>			<input type="checkbox"/> 2. TANF/CalWORKs: \$ _____		
1 _____	_____		<input type="checkbox"/> 3. Unemployment: \$ _____		
2 _____	_____		<input type="checkbox"/> 4. Other/Specify: \$ _____		
3 _____	_____				
4 _____	_____				
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:					
Program Selection: Place a check mark <input checked="" type="checkbox"/> next to the program (s) that you would like your child to be considered for enrollment. <u>Full- Day Program enrollment will be based on verified family's eligibility and need for services *</u>					
<u>* All Day Session (2 - 5 yrs. old)</u>		<u>Morning Session (3 - 5 yrs. old)</u>			
7:45 am - 3:30 pm, Mon. - Fri. (min. 8:30 am - 2:30 pm)		7:45 am - 11:45 a.m. Mon.-Fri. (min. 8:30 am - 11:30 am)			
<u>Afternoon Session (3 - 5 yrs. old)</u>					
*Starting Fall 2022 Semester					
12:00 pm - 4:00 pm, Mon.-Fri. min.12:00 pm -3:30 pm)					
* Enrollment Days and Times are Subject to Change.					

Completing this application does not imply that your child(ren) has been accepted into the program.

Submit application to the Child Development Center via e-mail: CDC@ELAC.EDU beginning April 15, 2022 to establish eligibility for your child(ren) enrollment in the program.

LOS ANGELES COMMUNITY COLLEGES DISTRICT 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, payment of outstanding balance of tuition is required before any future services are considered.

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

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 LACCD Child Development Center permission to verify all information provided.

Child's Name

Parent's Name

Parent's Signature

Date

Agency Representative/Director's Signature