

# Childcare Enrollment Application

Los Angeles Community College District,  
East Los Angeles College Campus,  
Child Development Center

(323) 265-8788 • cdc@elac.edu



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## 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, if you believe your child/children are eligible complete the attached application and email scanned copies of the required documents to cdc@elac.edu or provide in-person at A1-101 bldg. This institution is an equal opportunity provider.

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### I. General Enrollment Eligibility

- **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 December 1st of current year to be eligible for enrollment in our program.
- **Priority is given to:** 1) Child of Protective Services or children at risk; 2) Full-time Students for Fall/Spring (12 units) and Winter/Summer (6 units) enrolled in the Los Angeles Community College District; maintain a 2.0 G.P.A.; 3) Faculty and Staff; 4) Community.
- Program enrollment is Monday-Friday.
- Children should not be enrolled in another program at the same time.
- Verification of educational training and/or employment is required.

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### II. Eligibility 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 Education Division and California Department of Social Services Child Care Division.
- Total current household income verification will be required to determine your eligibility for the State Preschool, CalWORKs, and/or General Child Care.
- Children of Protective Services.

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### III. Eligibility for CalWORKs Participants:

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

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### IV. Eligibility for Non-Subsidized Care

- All general requirement in Section I.
- Student parents with the highest priority will be notified as space is available. Nonsubsidized 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/ per hour for students and \$3 - \$5/per hour for non-students. (subject to change)

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## V. 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:** TANF/CalWORKs Verification, Foster Care payments, Employment Verification (1, 2, or 4 consecutive weeks of check stubs, totaling 1 month's worth), or Unemployment and/or Disability Verification.
- **Utility Bill:** (gas, water, trash, electricity bill, or rental agreement) as proof of physical address.
- **Family Size:** Verification for all children, under the age of 18 yrs. old who are part of your household is required. (i.e. birth certificate, hospital birth record, baptismal certificate).
- **Child's Immunizations/Physician's Report:** Provide current immunization record for child/children being considered for enrollment to verify that vaccines are in compliance with the Los Angeles County Dept. of Health Services Child Care Entry Guidelines. A current child physician's report (LIC. 701 form) will be required.
- **Current Class Printout, Educational Plan, & 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 priority for your child(ren) in the program and at the beginning of every semester to verify parent/guardian student status. ("General Requirements" Section I)

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## VI. Sessions Offered

- **Year-round All day:**  
Monday - Friday, 7:45am - 3:30pm  
(minimum 8:30am - 2:45pm)  
2 - 5 years old
- **Year-round Morning:**  
Monday - Friday, 7:45 am - 11:45 am  
(minimum 8:30am - 11:45am)  
\*3 - 5 years old
- **Fall, Winter, Spring Afternoon:**  
(upon availability)  
Monday - Friday, 12:00pm - 4:00pm  
(minimum 12:00pm - 3:30pm)  
\*3 - 5 years old

\*3-year olds will be accepted if there are no 4-year olds on the eligibility list.

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### Please Note

You will be required to submit original current income verification and/or additional information during the enrollment certification & recertification process. This application is contingent on state funding for our program. All programs are subject to change without prior notice. Completing this application does not imply that your child has been accepted into the program.

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Semester  Year

Office Use Only		
Staff Initials	Date Received	
<input type="text"/>	<input type="text"/>	
Priority	Ranking #	Student
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part I - Child Information

(For children you are applying for care only)

### Child #1

Last Name

First Name

Birthdate  Gender

Does your child have special needs?

Yes  No

Does your child have an IEP?

Yes  No

Does your child have a disability?

Yes  No

Does your child speak a language other than English?

Yes  No

If yes, specify which language:

### Child #2

Last Name

First Name

Birthdate  Gender

Does your child have special needs?

Yes  No

Does your child have an IEP?

Yes  No

Does your child have a disability?

Yes  No

Does your child speak a language other than English?

Yes  No

If yes, specify which language:

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**Part II - Parent/Guardian Information**

(Must provide information on all adults in the household)

**Parent/Guardian #1**

Last Name

First Name

Email

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

**Parent/Guardian #2**

Last Name

First Name

Email

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

Office Use Only

Comments

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**Part III – Preferred Schedule**

(Subject to change)

- Year-round All day:**  
Monday - Friday, 7:45am - 3:30pm  
(minimum 8:30am - 2:45pm)
- Year-round Morning:**  
Monday - Friday, 7:45 am - 11:45 am  
(minimum 8:30am - 11:45am)
- Fall, Winter, Spring Afternoon:**  
(upon availability)  
Monday - Friday, 12:00pm - 4:00pm  
(minimum 12:00pm - 3:30pm)

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**Part IV – Need for Full Time Care**

(Please check all that apply)

**Parent/Guardian #1**

- In School/Training
- Working
- Medically Incapacitated/Disabled
- Seeking Employment
- Homeless

Other, please specify:

**Parent/Guardian #2**

- In School/Training
- Working
- Medically Incapacitated/Disabled
- Seeking Employment
- Homeless

Other, please specify:

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**Part V – For CalWORKs / TANF  
Participants Only**

Are you an active participant of the East  
Los Angeles College CalWORKs Program?

- Yes     No

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**Part VI – Student Status****Parent/Guardian #1**

What is your vocational major  
or educational goal?

- 12+ units                       9 - 11 units
- 4 - 8 units                       1 - 3 units
- Non-Credit

Name of the College/University/  
Vocational Center currently attending?

Student ID #

**Parent/Guardian #2**

What is your vocational major  
or educational goal?

- 12+ units                       9 - 11 units
- 4 - 8 units                       1 - 3 units
- Non-Credit

Name of the College/University/  
Vocational Center currently attending?

Student ID #

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**Part VI – Source of Income**

Family Monthly Gross Income  
(include all sources of income)

**Parent/Guardian #1**

Employment

\$

TANF/CalWORKs

\$

Case Number

Unemployment

\$

Case Number

Child Support

\$

Case Number

Other

\$

Total

\$

**Parent/Guardian #2**

Employment

\$

TANF/CalWORKs

\$

Case Number

Unemployment

\$

Case Number

Child Support

\$

Case Number

Other

\$

Total

\$

**Total Monthly Family Household  
Gross Income**

\$

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**Part VII – Family Size**

Are you a single parent family?

Yes  No

Total number of family members:

List all siblings living at home (children only):

Name

Birthdate

Name

Birthdate

Name

Birthdate

Name

Birthdate

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**Part VIII – 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 Signature

Date

**Income Calculation Worksheet**

**Parent/Guardian #1**

It is required that you report all monthly income.

Name

Gross wages - Salary

\$

Gross wages for migrant, agricultural or seasonal work

\$

Public cash assistance (CalWORKs or TANF)

\$

Alimony or child support received

\$

Survivor (SSA) and retirement benefits

\$

Gross income from self-employment less business expenses with the exception of wages draws

\$

Workers compensation payments/benefits

\$

Bonus, overtime, commission, tips, or cash advance

\$

Disability (including Social Security benefits)

\$

Unemployment compensation

\$

Dividends, interest on bonds, or income from estates or trusts, rental income or royalties

\$

Rent for room within the family's residence

\$

Foster grants, payment or clothing allowance for children placed through CPS

\$

Financial assistance received for care of a child living with an adult other than biological or adoptive parent

\$

Veterans pension

\$

Pension or annuities

\$

Inheritance

\$

Portion of student grants or scholarships not identified as tuition, books, supplies

\$

Income from other enterprise for gain

\$

Allowances for housing or automobile provided as part of compensation

\$

Insurance or court settlement for lost wages or punitive damages

\$

Net proceeds from the sale of real property, stocks or inherited property

\$

Gambling or lottery winnings

\$

Other, please specify:

\$

I declare under penalty of perjury that, to the best of my knowledge, the above information is a true and accurate accounting of our family finances.

Parent/Guardian Signature

Date

**Income Calculation Worksheet**

**Parent/Guardian #2**

It is required that you report all monthly income.

Name

Gross wages - Salary

\$

Gross wages for migrant, agricultural or seasonal work

\$

Public cash assistance (CalWORKs or TANF)

\$

Alimony or child support received

\$

Survivor (SSA) and retirement benefits

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Gambling or lottery winnings

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Other, please specify:

\$

I declare under penalty of perjury that, to the best of my knowledge, the above information is a true and accurate accounting of our family finances.

Parent/Guardian Signature

Date

# Fraud Statement

Los Angeles Community College District,  
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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, a payment of outstanding tuition balance 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/Guardian Signature

Parent/Guardian Name

Date

Agency Representative/Director's Signature