



Office Use Only Staff Initials _____
 Date Application Received _____
 Ranking: _____ Student: _____

Semester: _____ Year: _____

Los Angeles Harbor College Child Development Center

APPLICATION FOR ENROLLMENT

2022-2023 School Year

Please submit complete application to the Child Development Center. Completing this application does not imply that your child has been accepted into the program.

Please Note: Documentation verifying information on this application will be required for enrollment.

PART I – Child Information (For children you are applying for care only)			
#1	Last Name:	First Name:	Birthdate:
#2	Last Name:	First Name:	Birthdate:
#3	Last Name:	First Name:	Birthdate:

PART II – Parent/Guardian #1 Information (Must provide information on all adults in the household)		
Last Name:	First Name:	Email address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian #2 Information (Must provide information on all adults in the household)		
Last Name:	First Name:	Email address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

PART III – Schedule Requested	
<input type="checkbox"/> PART TIME Preschool: 8:00am – 12:30pm	<input type="checkbox"/> FULL TIME Preschool: 8:00am – 3:00pm

PART IV – Need for Full Time Care (Please check all that apply)

	Parent/Guardian #1		Parent/Guardian #2	
In School/Training				
Working				
Medically Incapacitated/Disabled				
Looking for Work				
Homeless				
Other (Please specify):				

PART V – For CALWORKs / TANF Participants ONLY

1. Are you an active participant of the Los Angeles Harbor College CALWORKs program? Yes _____ No _____
2. Which of the following are you receiving? TANF: _____ CALWORKs _____

PART VI – Student Status

1. What is your vocational major/educational goal?

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Check the number of for credit units you anticipate taking this semester at a Los Angeles Community College Campus:

Parent/Guardian #1 12 Unit + _____ 11-9 units _____ 8-4 units _____ 3-1 units _____ Non Credit _____

Parent/Guardian #2 12 Unit + _____ 11-9 units _____ 8-4 units _____ 3-1 units _____ Non Credit _____

2. Did you apply to this Center last year? Yes _____ No _____

3. What College/School/Vocational Center are you attending? _____ Student ID# _____

PART VII – Family Size & Source of Income

Are you a single parent family? Yes _____ No _____

Total number of family members: _____

List of all siblings living at home: (Children ONLY)

Name:	Birthdate:
1.	
2.	
3.	
4.	

Family Monthly Gross Income (Please include all sources of income)

	Parent/Guardian #1	Parent/Guardian #2	
Employment	\$ _____	\$ _____	
TANF/CALWORKs	\$ _____	\$ _____	
Unemployment	\$ _____	\$ _____	
Cash Aid	\$ _____	\$ _____	
Other	\$ _____	\$ _____	Total Gross Monthly Income:
TOTAL:	\$ _____	\$ _____	\$ _____

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