



<b>Office Use Only</b>	Staff Initials: _____
Date Application Received: _____	
Ranking: _____	Student: _____

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Los Angeles Harbor College Child Development Center

**APPLICATION FOR ENROLLMENT**

**2023-2024 School Year**

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

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

<b>PART I – Child Information</b> (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:

<b>PART II – Parent/ Guardian #1 Information</b> (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:
<b>Parent/ Guardian #2 Information</b> (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:

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

<b>PART IV- Need for Full Time Care (Please check all that apply)</b>			
	Parent/ Guardian #1	Parent/ Guardian #2	
In School/ Training	<input type="checkbox"/>	<input type="checkbox"/>	
Working	<input type="checkbox"/>	<input type="checkbox"/>	
Medically Incapacitated/ Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
Looking for Work	<input type="checkbox"/>	<input type="checkbox"/>	
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PART V- For CALWORKs/ TANF Participants ONLY</b>			
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 _____			
<b>PART VI- Student Status</b>			
1. Which is your vocational major/ educational goal?			
Parent/ Guardian #1: _____ Parent/ Guardian #2: _____			
Check the number of credit units you anticipate taking this semester at a Los Angeles Community College Campus:			
Parent/ Guardian #1 12 Unit + ___ 9-11 units ___ 4-8 units ___ 1-3 units ___ Non-Credit ___			
Parent/ Guardian #2 12 Unit + ___ 9-11 units ___ 4-8 units ___ 1-3 units ___ Non-Credit ___			
2. Did you apply to this center last year?			
3. What college/ school/ vocational center are you attending? _____ Student ID #: _____			
<b>PART VII- Family Size &amp; Source of Income</b>			
Are you a single parent family? Yes _____ No _____			
Total number of family members: _____			
<b>List of all siblings living at home: (Children ONLY)</b>			
Name:	Birthdate:		
1.			
2.			
3.			
4.			
<b>Family Monthly Gross Income (Please include all sources of income)</b>			
	Parent/ Guardian #1:	Parent/ Guardian #2:	
Employment	\$	\$	
TANF/ CAL WORKs	\$	\$	
Unemployment	\$	\$	
Cash Aid	\$	\$	
Other	\$	\$	Total Gross Monthly Income:
TOTAL:	\$	\$	\$
<b>PART VIII- Certification</b>			
I certify to the best of my knowledge that the statements above 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 requests for services.			
_____ <b>Parent/ Guardian Signature</b>			_____ <b>Date</b>