



Office Use Only Staff Initials: _____

Date Application Received: _____

Ranking: _____ Student: _____

Semester: _____ Year: _____

Los Angeles Harbor College Child Development Center

APPLICATION FOR ENROLLMENT

2024-2025 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.

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: 8:00 am- 12:30pm	<input type="checkbox"/> FULL TIME Preschool : 8:00 am – 3:00 pm	<input type="checkbox"/> EXTENDED TIME Preschool: 8:00 am – 5:00 pm
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PART IV- Need for Full Time Care (Please check all that apply)

	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"/>

PART V- For CALWORKs/ TANF Participants ONLY

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

PART VI- Student Status

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 #: _____

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/ CAL WORKs	\$	\$	
Unemployment	\$	\$	
Cash Aid	\$	\$	
Other	\$	\$	Total Gross Monthly Income:
TOTAL:	\$	\$	\$

PART VIII- Certification

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.

Parent/ Guardian Signature

Date