

LOS ANGELES COMMUNITY COLLEGE DISTRICT  
 LOS ANGELES MISSION COLLEGE  
 CAMPUS CHILD DEVELOPMENT CENTER (818) 364-7865  
 FAMILY CHILD CARE HOMES EDUCATION NETWORK

FOR OFFICE USE ONLY  
 Date of Application Received: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Family Size: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_

Please check all that apply

*CHILD CARE CENTER* *NETWORK*

**2021-2022 SCHOOL YEAR**

**CHILD CARE PROGRAM APPLICATION FOR PRE-ENROLLMENT**

**During this pandemic, please submit your application by email to [cdc@lamission.edu](mailto:cdc@lamission.edu)**  
**(Emailed applications will receive an email verification response)**  
**Completing this application does not imply that child has been accepted into the program.**

**PART I - CHILD INFORMATION (For child (ren) you are applying for child care services.)**

1.	_____	_____
	Child's Name - Last, First, Middle	Date of Birth
2.	_____	_____
	Child's Name - Last, First, Middle	Date of Birth
3.	_____	_____
	Child's Name - Last, First, Middle	Date of Birth

**PART II - PARENT INFORMATION**

**PARENT INFORMATION:**

_____	_____
Parent/Guardian 1	Parent/Guardian 1 e-mail address (if applicable)
( )	( )
_____	_____
Cell Phone Number	Home Phone Number
_____	_____
Address	City
_____	_____
_____	Zip Code
_____	_____
Parent/Guardian 2	Parent/Guardian 2 e-mail address (if applicable)
( )	( )
_____	_____
Cell Phone Number	Home Phone Number

**PART III - NEED FOR CHILD CARE: (Please check all that apply for each parent)**

	Parent/Guardian 1	Parent/Guardian 2
In School/Training		
Working		
Medically Incapacitated/Disabled		
Looking for work		
Homeless		
Other :		

**PART IV - FOR CalWORKs / TANF PARTICIPANTS ONLY**

1. Are you a CalWORKs participant?	Yes	No	
<b>If yes, are you an active participant of the Los Angeles Mission College CalWORKs Program?</b>	Yes	No	
2. Are you a TANF recipient?	Yes	No	

**PART V- STUDENT STATUS**

What is your vocational major or objective/educational goal?

**Parent/Guardian 1:**

Please check one of the following:

Student                      Non-student

Semester    Units Planning to Enroll            Name of College

Fall

Winter

Spring

Summer

**Parent/Guardian 2:**

Please check one of the following:

Student                      Non-Student

Semester    Units Planning to Enroll            Name of College

Fall

Winter

Spring

Summer

**PART VI - TOTAL FAMILY and SOURCE of FAMILY INCOME**

1. Are you a single parent family? Yes      No

2. Total Number of family members:

*List All children under the age of 18 years old living at home:*

<u>Name</u>	<u>Date of Birth</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Monthly Family Gross Income Source			
	Parent/Guardian 1	Parent Guardian 2	
Employment	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	
Spousal Support	\$ _____	\$ _____	
State Disability	\$ _____	\$ _____	
Unemployment	\$ _____	\$ _____	
Sales/Work Comp	\$ _____	\$ _____	
Cash Aid	\$ _____	\$ _____	<b>Total Family Gross Monthly Income</b>
Workmen's Comp	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
<b>Total</b>	\$ _____	\$ _____	\$ _____

**PART VII- REQUIRED DOCUMENTS**

When our staff notifies you of a child care opening, you will be responsible for providing the following original documents for verification of meeting the program requirements for enrollment. (Copies of submitted documents will be kept at the Child Development Center)

- \* Current Income Verification
- \* Current Physical exam (for your child)
- \* Current Official Class Print-out
- \* Child's Immunization Record
- \* All Children Birth Certificates

**PART VIII - CERTIFICATION**

I certify to the best of my knowledge that the above statements are true.

Parent(s) Signature

Date

**PART IX - HOW DID YOU HEAR ABOUT THE CHILD DEVELOPMENT CENTER? (check all that apply)**

- Campus Department
- Admissions
- CalWORKs
- Resource and Referral Agency
- Family or Friend
- Sibling Attended
- LAMC Website
- Other

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