

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

Please check all that apply

CHILD CARE CENTER *NETWORK*

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

2023-2024 SCHOOL YEAR

CHILD CARE PROGRAM APPLICATION FOR PRE-ENROLLMENT

Please submit your application by dropping it off at the CDC or by email to 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 Family Home Language _____

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

If yes, are you an active participant of the Los Angeles Mission College CalWORKs Program? 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* your children under the age of 18 years old living at home:

<i>Name</i>	<i>Date of Birth</i>
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	\$ _____	\$ _____	Total Family Gross Monthly Income
Workmen's Comp	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____

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

FOR OFFICE USE: