

**LOS ANGELES TRADE TECHNICAL COLLEGE
CAMPUS CHILD DEVELOPMENT CENTER
APPLICATION
(213) 763-3690**

INTRODUCTION:

The LATTC Campus Child Development Center is an on-campus preschool and general childcare program for children of LATTC students. Priority is given to low income, full-time (12 units) students requesting full time care.

- Children that are 12 months to 3 years old are eligible for the general childcare program/and or Early Head Start (EHS)
- Children three (by September 1st) to 5 years of age are eligible for the state preschool program.

The Center is staffed by highly educated, experienced teachers. The philosophical commitment is to help every child have a positive learning experience, to develop self-esteem, to gain social skills, to develop a sense of self-reliance, independence, and self-control, all within a warm and caring environment.

Admission Priorities will be ranked according to guidelines of the California State Department of Education, Early Education and Support Division, and the Los Angeles Community College District. Factors used to rate applications include, but are not limited to:

- Child Protective Services
- At Risk of Abuse, Neglect and/or Exploitation
- Full Time Student
- Current Aid Recipient
- Parent Incapacity
- Income

Applications will be accepted for Fall 2023 starting May 8, 2023. Parents must reapply yearly for acceptance into the program. If you have any questions or concerns, please see the office for assistance.

Many families qualify for the state preschool grant program or CalWORKs program or general childcare program and receive subsidized care. **The student-parent will have to show proof of their family's income by bringing in one of the following CURRENT: (1) Verification of Benefits, (2) IRS tax form TRANSCRIPT, (3) Check stub with year-to-date information. For those that do not qualify for that program, there is a fee for the Center's services.**

The Following Must be Submitted with a Complete Enrollment Application to be Placed on the Current Waiting List

1. Current Income Verification (1 recent months' worth)
 - Check Stubs
 - Verification of Benefits
 - SSB (Not SSI), Unemployment, and/or Disability Verification
2. Official Class Schedule (LATTC Students have Priority)
3. Birth Certificate(s) for all children under the age of 18 to determine family size.
4. Utility Bill for Address Verification
5. Immunizations (Must have all vaccines up to date BEFORE the first day of school)
6. Physical Report (Must be submitted BEFORE the first day of school)

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TO ENROLL:

- If you are a LATTC student and your child is age eligible, you may apply for the upcoming (or current) semester.
- Complete the attached application form, both sides, including the income information. Make sure to clearly write your name and address, including city and zip code and telephone #. We send notices of acceptance by mail and/or telephone.
- This is an application; it does not mean that your child is automatically enrolled in the program. The Center is not able to accept all students that apply. If we are unable to enroll your child, your application will be placed on the eligibility list. You may be contacted after the semester begins. If you have any questions, please call the Campus Child Development Center at (213) 763-3690.
- The Campus Child Development Center is operated in a manner which is free from discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, medical condition, sexual orientation, disability. LACCD Board Rule 1202.

The hours of the Center are from 6:30 am to 3:30 pm, Monday through Thursday, and Friday until 12:30pm.

All Program hours and days are subject to change without prior notice.

LATTC Child Development Center Application for Services (PART 1 of 2)

(APPLICANT)

A. PROGRAM INFORMATION

APPLICATION DATE	Semester	Year	Are you an active Participant of LATTC/CalWorks?		Yes	No
PREVIOUSLY ENROLLED IN EARLY HEAD START:			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Which of the following are you receiving? CalFresh CalWORKS	

B. FAMILY MEMBERS

NUMBER OF PEOPLE IN FAMILY:	PARENTAL STATUS:	<input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent				
PARENT/GUARDIAN A:	DATE OF BIRTH:	RELATIONSHIP TO APPLICANT:				
CHECK ALL THAT APPLY: <input type="checkbox"/> Has Custody of Applicant <input type="checkbox"/> Lives with Family <input type="checkbox"/> Teen Parent <input type="checkbox"/> Pregnant Mother						
EMPLOYMENT STATUS: Student ID# <input type="checkbox"/> Homemaker Unemployed Employed Self-Employed						
EMPLOYMENT INFORMATION: Occupation: _____ Years at Present Employer: _____ Monthly Gross Income: _____						
EDUCATION: <input type="checkbox"/> Less than High School Grad. (Highest Grade _____) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, Vocational or Associate Degree <input type="checkbox"/> Bachelors or Advanced Degree						

PARENT/GUARDIAN B:	DATE OF BIRTH:	RELATIONSHIP TO APPLICANT:			
CHECK ALL THAT APPLY: <input type="checkbox"/> Has Custody of Applicant <input type="checkbox"/> Lives with Family <input type="checkbox"/> Teen Parent <input type="checkbox"/> Pregnant Mother					
EMPLOYMENT STATUS: Student ID# Homemaker Unemployed Employed Self-Employed					
EMPLOYMENT INFORMATION: Occupation: _____ Years at Present Employer: _____ Monthly Gross Income: _____					
EDUCATION: <input type="checkbox"/> Less than High School Grad. (Highest Grade _____) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College, Vocational or Associate Degree <input type="checkbox"/> Bachelors or Advanced Degree					

APPLICANT	FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
				Male	Female
				Male	Female
				Male	Female

Check the number of credits you anticipate taking this semester at a Los Angeles Community College

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

C. Family Information

RACE		ETHNICITY	PRIMARY HEALTH COVERAGE	CHILD'S PRIMARY LANGUAGE
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American Native <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Non-Latino Origin	<input type="checkbox"/> Medi-Cal (ID#: _____) <input type="checkbox"/> Healthy Families (SCHIP) <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other: _____	When given assessments, in what language will your child have more success? (Please list only <u>one</u> language) _____

LIVING ADDRESS	ADDRESS LINE 2	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM LIVING)	ADDRESS LINE 2	CITY	STATE	ZIP CODE

PRIMARY NUMBER	TYPE(CHECK ONE)	SECONDARY NUMBER	TYPE(CHECK ONE)	E-MAILADDRESS
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	

PRIMARY LANGUAGE OF FAMILY AT HOME (SELECT ONE)

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central or South American and Mexican Languages <input type="checkbox"/> Caribbean Languages <input type="checkbox"/> Middle Eastern & South Asian Languages <input type="checkbox"/> East Asian Languages (Specify: _____)	<input type="checkbox"/> Native North American/Alaskan Native Languages <input type="checkbox"/> Pacific Island Languages (e.g. Palauan, Fijian) <input type="checkbox"/> European/Slavic Languages <input type="checkbox"/> African Languages <input type="checkbox"/> Other (e.g. American Sign Language): _____
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LATTC Child Development Center Application for Services (PART 2 of 2)

D. FAMILY RESIDENCY QUESTIONNAIRE

CHILD LIVES WITH:

- 1 Parent or Guardian
 2 Parents or Guardians
 1 Parent or Another Adult
 A Relative
 Other: _____

FAMILY LIVING SITUATION: (CHECK ALL THAT APPLY)

NONE OF THESE APPLY

Shelter (Name: _____)

Motel/Hotel (Name: _____)

Single Room Occupancy (SRO)

Transitional Housing Program (Name: _____)

Other places not designed for or typically used as a regular sleeping accommodation for human beings: (Please explain: _____)

Temporarily in one of the following due to inadequate housing, financial hardship, or loss of housing:

Car, Trailer, or Campsite

Rented Trailer, Motor Home on Private Property

Rented Garage

Another Family's House or Apartment

With Another Adult (Not the Parent or Legal Guardian)

ADDITIONAL FAMILY MEMBERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

E. HEALTH

Does the child take any medication: Yes No *If yes, please list here:* _____

Does the child have any allergies: Yes No *If yes, please list here:* _____

Does the child have any health problems: Yes No

If yes, please describe: _____

If your child is 12 to 24 months old, is he or she walking? Yes	Do you or your child have and special needs? Yes No
If your child is 3 to 4 years old, is he or she potty trained? Yes	If yes, please describe:

I certify that the information about the family, income, and number of persons in this family given above is true and correct

Signature of Parent/Guardian or Client

Date Signed

I have received the above documentation and verify that the information is true and correct to the best of my knowledge

Signature of Agency Staff

Date Signed

OFFICE USE ONLY

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Los Angeles Community College District Child Development Center



Fraud Statement

This program defines fraud as an intentional misrepresentation, concealment, or nondisclosure of information for the purposes of inducing Center staff to rely on it for determining eligibility for services.

Subsidized child development services are not an entitlement; families must meet eligibility requirements. Ultimately, the burden of proof of eligibility is on the parent, not the Center. If the parent cannot provide eligibility, the Center has no obligation to serve the family. At any step in the enrollment process or child's attendance in the program, services may be suspended, if fraud is substantiated. Documentation of fraud will be forwarded to the General Legal Counsel of the Los Angeles Community College District (LACCD). If a family has obtained services through fraud, repayment of outstanding balance of tuition is required before any future services are considered.

The Center may verify information/documentation provided by the parent.

I understand the above fraud statement and declare under penalty of perjury that the information and documentation I have provided, is true and correct to the best of my knowledge. I give LACCD Child Development Center permission to verify all the information provided.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

Agency Representative's Signature _____

Date _____

Director's Signature _____

Date _____