

**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 and older are eligible for the general childcare program.
- Children three (by September 1st) to 5 years of age are eligible for the 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 2025 starting May 12, 2025. 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 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.

Semester _____ Year _____

Office Use Only	Staff Initials _____
Date Application Received _____	
Ranking: _____ Student: _____	



Los Angeles Community College District Child Development Center

**APPLICATION FOR ENROLLMENT
2025-2026 School Year**

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

PLEASE NOTE: Our program requires a minimum attendance of 5 days a week		
Do you or your child have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	If your child is 12 months to 24 months, is he or she walking? Yes <input type="checkbox"/> No <input type="checkbox"/>	What language(s) are spoken at home?
If yes, please describe:	If your child is 3 to 4 years old, is he or she potty-trained? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other:

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

1. Are you an active participant of the LATTCCalWORKs program? Yes: ☐ No: ☐
2. Which of the following are you receiving? TANF: ☐ CalWORKs: ☐

PART VI – Student Status

1. What is your vocational major/educational goal?

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Check the number of for credit units you anticipate taking this semester at a Los Angeles Community College Campus:

Parent/Guardian #1: 12 unit + ☐ 11-9 units ☐ 8-4 units ☐ 3-1 units ☐ Non Credit ☐

Parent/Guardian #2: 12 unit + ☐ 11-9 units ☐ 8-4 units ☐ 3-1 units ☐ Non Credit ☐

2. Did you apply at this center last year? Yes ☐ No ☐

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

PART VIII - Certification

I certify to the best of my knowledge that the above statements 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 request for services.

Parent/Guardian Signature

Date



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 _____