The CDC is a nurturing early childhood education program for toddler and preschool children (2-5 years) of WLAC students/parents, WLAC employees and local community parents that qualify. The California Department of Social Services licenses the Center, Community Care Licensing #197410716. To begin the process, parents must register into the college (if you are a student) and complete the center application and provide certification documents.

Hours for the CDC: Monday – Thursday from 7:45 a.m. – 4:00 p.m.

Spring Session Application Due Date is January 9, 2014
This application is a request for admission to the program. Initial enrollment will be set by February 4th. Enrollment openings are filled throughout the semester. Applications are continuously accepted. This application is good for one semester only.

Application Submission – The following must be attached to the application for consideration.

- Submit completed application to the Child Development Center with the following documentation.
- College class printout and/or proof of employment.
- Income verification – 1 month’s check stubs and 2013 Tax return or Notice of Action, SSI or Disability verification.

General Eligibility Requirements and Instructions for Program Enrollment

- Parent must be an enrolled student or employee of WLAC. Child/ren ages 2-5 years of age are considered for the program depending on the sessions requested.
- In the all-day, morning and afternoon programs a child must be enrolled a minimum of 1 session, two days a week.
- All-Day Session 7:45 a.m. – 4:00 p.m., minimum 6.5 hours (children must arrive no later than 9:00 a.m.)
- Morning Session 7:45 a.m. – 1:00 p.m., minimum 3.5 hours (children must arrive no later than 9:00 a.m.)
- Children with disabilities are considered.
- With the exception of a 2 year-old child, a child should be able to use the toilet by him/herself.
- Upon acceptance into the program it is the parent’s responsibility to provide a copy of the child’s immunization record and birth certificate or baptismal record. All children under the age of six must provide a physician’s health evaluation indicating his/her ability to participate in the program.
- Parent must observe Center policies set forth in the Parent Handbook and College Student Handbook.

State Preschool Requirements

- Parent(s) must live and/or work in the state of California.
- Child/ren must be 3 years of age by December 2nd of the current year. Priority is given to 4 year olds, then 3 year olds and then 5 year olds who are not enrolled in Kindergarten.
- Priority may be given to children in protective services, then 4 year olds, then 3 year olds, 2.9+ years and then 5 year olds.
- Adjusted monthly income must not exceed the income ceilings established by the California Department of Education Child Development Division.
- Preschool children may not be enrolled in another program at the same time.

CalWORKs Participants Requirements

- Parent(s) must be a cash CalWORKs/TANF recipient. Documentation required.
- Subsidized tuition for children ages 3-5.

Acceptance into the Program / Tuition

Parents with the highest priority will be notified, as eligibility becomes available. When center staff has notified you of your child's acceptance into this program, you will be responsible for completing an in-take packet and orientation. Verification of financial need will be required to determine your eligibility for the State Preschool Program, CalWORKs and/or your placement on the Center’s sliding tuition schedule. Student tuition ranges from $1.00 - 2.50* per hour and is based on total family income and size. Staff and community family rates are from $2.50-5.00 per hour.
WEST LOS ANGELES COLLEGE CHILD DEVELOPMENT CENTER
APPLICATION FOR ENROLLMENT
Spring 2014

Please read through the information carefully and complete all sections. Return application to the Center office. Applications are evaluated according to need. Family financial verification and a Winter Intercession course printout and/or employment verification is required to support this application.

THIS APPLICATION IS VALID ONLY FOR SPRING 2014

PART I -- FAMILY INFORMATION / ENROLLMENT IS REQUESTED FOR:

1. Child's Name - first and last
   Social Security #    Birthdate / Age

2. Child's Name - first and last
   Social Security #    Birthdate / Age

3. Child's Name - first and last
   Social Security #    Birthdate / Age

Parent / Legal Guardian Name
Home Phone    Work Phone

Parent / Guardian Social Security #    Cell Phone    Pager

Address
City    Zip Code

Do you or your child (ren) have any special needs? (i.e., learning disabilities, hearing impaired) If yes please state.__________________________________________________________

PART II – SESSIONS / CHILDREN’S ENROLLMENT IN THE PROGRAM: Children in the day program are required to be enrolled a minimum of 2 days a week for 1 session.

Please indicate which session(s) you plan to enroll your child in.

All Day Session
7:45 a.m. - 4:00 p.m. (Minimum 9:00-4:00)

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Morning Session
7:45 a.m. -1:00 p.m. (Minimum 9:00-1:00)

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Short-term Classes
If one or more of your classes are short-term, please list the classes and their beginning and ending dates.
____ I am enrolling in Short-Term classes. Please provide the dates. ____________________________________________

Please complete the next page.
PART III -- SERVICE PLAN
- Please check the session(s) that you plan to attend:
  - Fall 2014: September-December 2014
  - Winter Intercession: 2015
  - Spring 2015

PART IV -- RESOURCES OF FAMILY
- Please provide proof of income with this application.

  Total Number of Family Members  __________________ Gross Monthly Income  ________________

  Total Source(s) of Family Income
  __ Monthly Earned Wages (The current month’s check stubs and the most recent tax return
  __ TANF  ____ Soc. Sec. ____ Disability (Please provide verification with Notice of Action)
  __ Child Support (documentation)
  __ Other

PART V -- STUDENT STATUS
- What is your vocational major or objective / education goal?

  __________________________________________________________

  Check the number of units you anticipate taking this semester:
  12 units + _____ 9 - 7 units _______ 6 – 4 units _______ 3 – 1 units _______ None ______

  If both parents are residing in the home, is the second parent currently enrolled at this college and if so how many units is he / she is taking for the requested semester?  ________ units.

  Why do you want your child enrolled in the Child Development Center?

    ______________________________________________________

    ______________________________________________________

    ______________________________________________________

PART VI -- CERTIFICATION
- I hereby certify, to the best of my knowledge that the above statements are true. I understand that providing misleading information or fraudulent information are grounds for denial and / or termination of services. I understand that I have the right to appeal a denial of my request for services.

  Signature of Parent / Legal Guardian __________________________ Date __________________________

Thank you for applying to the WLAC Child Development Center.