

LOS ANGELES CITY COLLEGE
CAMPUS CHILD DEVELOPMENT CENTER
APPLICATION



Introduction:

The LACC Campus Child Development Center is an on-campus preschool and general child care program for children of LACC students.

1st Priority for Preschool services shall be given to Child Protective Services children or children at risk

After this, priority is given to eligible four year old children with lowest adjustable family income. All eligible four year olds shall be enrolled prior to serving eligible three year old children.

- CSPP eligible three-year-old or four-year-old child "means a child who will have their third or fourth birthday on or before December 1 of the fiscal year in which they are enrolled in a California state preschool program.
- All other Three year old Children who have their third birthday on or after December 2 of the fiscal year, may be enrolled in a California state preschool program on or after their third birthday.

1st Priority for General Child care services shall be given to Child Protective Services children or children at risk

After this, priority is given based on need (Employment, Vocational Training or Education)

- Once a child has turned two they are eligible to apply for the general childcare program.

The Center is staffed by highly educated, experienced teachers. The adult child ratio averages 1:5 for two year olds and 1:8 for preschool children. 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.

Most families that apply are eligible for state-subsidized child care and development services and may receive their care at no cost. **For those that do not meet the income guidelines, there is a fee for the Center's services. It is a sliding scale fee, depending on the family's gross income and household size.**

Family Fees:

In accordance with EC 8273 families may be assessed a flat monthly fee at the time of initial certification and only be reassessed at recertification or when a parent voluntarily requests a reduction to their family fees. Fees will be assessed and collected in accordance with California Code of Regulations, Title 5 (5CCR) Section 18109. [Family Fee Schedule for Fiscal Year 2019-20](#)

- ☺ Center Hours: 7:50 am to 4:00 pm Monday thru Thursday,
- ☺ Friday 8:00 am to 12:30 pm or until 2:30pm depending on family needs.
- ☺ All Program hours and days are subject to change.

To Enroll:

Please read the attached information sheet and make certain that you/your child qualify before you fill out this application. Complete the attached application, 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.

Eligibility List:

This is an application; it does not mean that your child is automatically enrolled in the program. The Center may not be able to accept all families 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 (323) 953-4000 ex. 2220**

Non Discrimination Statement:

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.

Open Door Policy:

The LACC Campus Child Development Center/Lab School has an "open door" policy. Parents/Guardians/Family members may visit their enrolled child in the facility any time they wish. We do ask those who plan to visit their children frequently to follow the classroom routine, to avoid disturbing classroom schedules and activities. If you wish to meet with the Director or a staff member, please make an appointment so that arrangements can be made.

The Center participates in CA Dept. of Education Child and Adult Care Food Program (*Families are required to complete a food application each school year for continued funding*)

USDA Nondiscrimination Statement

U.S. Department of Agriculture nondiscrimination statement for child nutrition program participants.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at the [Filing a Program Discrimination Complaint as a USDA Customer page](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

<https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>

The following are NDS translations for SNAP, SNAP-Ed, FDPIR and all other FNS nutrition assistance programs (e.g, CACFP, CSFP, FDD, NSLP, SFSP, WIC).

Amharic - [\[PDF\]](#) [\[Word\]](#)

Arabic - [\[PDF\]](#) [\[Word\]](#)

Armenian - [\[PDF\]](#) [\[Word\]](#)

Chinese, Simplified - [\[PDF\]](#) [\[Word\]](#)

Chinese, Traditional - [\[PDF\]](#) [\[Word\]](#)

Creole - [\[PDF\]](#) [\[Word\]](#)

English - [\[PDF\]](#) [\[Word\]](#)

Farsi - [\[PDF\]](#) [\[Word\]](#)

Hindi - [\[PDF\]](#) [\[Word\]](#)

Hmong - [\[PDF\]](#) [\[Word\]](#)

Khmer - [\[PDF\]](#) [\[Word\]](#)

Korean - [\[PDF\]](#) [\[Word\]](#)

Laotian - [\[PDF\]](#) [\[Word\]](#)

Polish - [\[PDF\]](#) [\[Word\]](#)

Portuguese - [\[PDF\]](#) [\[Word\]](#)

Russian - [\[PDF\]](#) [\[Word\]](#)

Serbo-Croatian - [\[PDF\]](#) [\[Word\]](#)

Somali - [\[PDF\]](#) [\[Word\]](#)

Spanish - [\[PDF\]](#) [\[Word\]](#)

Thai - [\[PDF\]](#) [\[Word\]](#)

Urdu - [\[PDF\]](#) [\[Word\]](#)

Vietnamese - [\[PDF\]](#) [\[Word\]](#)

LOS ANGELES CITY COLLEGE
CAMPUS CHILD DEVELOPMENT CENTER
APPLICATION



Thank you for your interest in enrolling your child at the Los Angeles City College, Campus Child Development Center!

You will need to bring the following to apply and be issued a rank #:

- ✚ **Application** for child care services, <https://cdc.lacitycollege.edu>
- ✚ **Class Schedule** (From Student Information System (SIS))
- ✚ **Educational Plan** (Must include all classes on Schedule, (Counseling Office or Plan tab of SIS))
- ✚ **Birth certificates** for ALL children under 18 that ARE PART OF the household (including the child on the application)
- ✚ **Immunization Record** (Yellow card or CSIR card, baby book)
 - PHYSICIAN'S REPORT—CHILD CARE CENTERS LIC 701
- ✚ **Utility Bill** in parent/guardians name (Gas, Water, Power) or other mail
- ✚ **Proof of Income** for all household members (issued in current month)
 - Notice of action or Verification of Benefits, indicating Cash aid amount
 - Social Security verification of benefits
 - Paycheck stubs with year to date (4 weeks' worth)
 - Income Tax Transcripts for previous Tax year, (Only if self-employed)
 - <http://www.irs.gov/Individuals/Get-Transcript>
 - 300 N Los Angeles St, Los Angeles, CA, (844) 545-5640

Your child's application **must be complete** before "rank" number may be issued

1ST Priority will be given to INCOME ELIGIBLE Full time students that WANT FULL TIME CARE.

2nd Priority will be given to INCOME ELIGIBLE, working families that WANT FULL TIME CARE.

If you have any questions please do not hesitate to call and ask, the center office is open from:
Monday-Thursday 8:00 am-4:00 pm & Friday from 8:00 am-12:30 pm



323-953-4000 x2220



LACC-CDC@lacitycollege.edu



THIS APPLICATION IS GOOD FOR ONE SEMESTER ONLY!
PLEASE PRINT CLEARLY

Names Children Living in Household:

First Name	Middle Name	Last Name	Need Care	Gender	DOB
1)			<input type="checkbox"/>		
2)			<input type="checkbox"/>		
3)			<input type="checkbox"/>		

Student/Parent information: Indicate if household is a Single parent OR Two parent

Parent/Guardian 1	First Name	Last Name	Student ID #	Relation to Child
	Address		City	Zip
	Parent E-mail Address		Cell or Message ☎	

Parent/Guardian 2	Last Name	First Name	Student ID #	Relation to Child
	Address		City	Zip
	Parent E-mail Address		Cell or Message ☎	

Parent/Guardian 1	Need Reason	Parent/Guardian 2
<input type="checkbox"/>	Are you currently a student at LACC	<input type="checkbox"/>
<input type="checkbox"/>	Working	<input type="checkbox"/>
<input type="checkbox"/>	Medically Incapacitate/Disabled (documentation required)	<input type="checkbox"/>
<input type="checkbox"/>	Seeking employment (documentation required)	<input type="checkbox"/>
<input type="checkbox"/>	Homeless/Seeking Housing (documentation required)	<input type="checkbox"/>
<input type="checkbox"/>	Part-day educational preschool experience for child (3 or Older)	<input type="checkbox"/>

Special Needs (Check all that apply)	Yes, please describe	No
Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Child has IFSP or IEP	<input type="checkbox"/>	<input type="checkbox"/>
Child receives services through Regional Center or Local School District	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing Health Problems	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Food or Medication)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over and complete the other side.



FEES AND FINANCIAL INFORMATION

The income level is determined by the total gross income (before taxes) and the number of people in the Household.

Documentation Must Accompany this Application

Monthly Income and Sources (Enter total dollars, before taxes and deductions, for each source of income for parent/guardian in the household).		
Parent/Guardian 1	Income ?s	Parent/Guardian 2
\$	Job/Employment	\$
\$	Unemployment	\$
\$	CalWORKs or TANF	\$
\$	SSI, Disability, Workmans' Comp	\$
\$	Survivor benefits	\$
\$	Child support or Spousal support	\$
\$	Veterans pension	\$
\$	Inheritance	\$
\$	Housing or auto included in pay	\$
\$	Settlements	\$
\$	Rental income	\$
\$	Dividends interest	\$
\$	Foster care grant	\$
\$	Other (please describe) _____	\$
Total Parent 1 \$ _____	Supplemental Nutrition Assistance Program (SNAP) Case # _____ Monthly amount _____	Total Parent 2 \$ _____
Total Household income \$ _____		
# Of people that depend on this income?	# _____ Adult s # _____ Children (under 18) = Total Household size _____	

PROGRAM SCHEDULE REQUEST

Program		MONDAY-THURSDAY	FRIDAY	Basic Requirements for programs
Pre-school CSPP	<input type="checkbox"/> Morning	7:50am to 12:30pm	7:50am to 12:30pm	<ul style="list-style-type: none"> • Low income • Part time student or work • Age eligible child (3-5 yrs.)
	<input type="checkbox"/> All Day	7:50am to 3:00-4:30 pm	7:50am to 2:30pm	<ul style="list-style-type: none"> • Low income, • Full time student or full time Work • Must prove need • Age eligible child (3-5 yrs.)
General Childcare CCTR	<input type="checkbox"/> Morning	7:50am to 12:30pm	7:50am to 12:30pm	<ul style="list-style-type: none"> • Low income, • Part time or Full time student • Documented need • Age eligible child (2 year old)
	<input type="checkbox"/> All Day	7:50am to 3:00-4:30 pm	7:50am to 2:30pm	
Funding Terms and Conditions for Child Development Contracts for 2019-2020. CSPP and CCTR https://www.cde.ca.gov/fg/aalcd/ftc2019.asp				

ACKNOWLEDGEMENT

I understand that completing an application does not guarantee enrollment. I certify that the information I have given on this application is true and correct. I understand that if it is incorrect it may change my eligibility for Centers 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 prove eligibility, the Center has no obligation to serve the family. At any step in the completion of the enrollment process or child 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.

Signature of Applicant

Date

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
LACC, Child Development Center _____ . This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

No Shots? No Records? No School.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.*

**If your child is unimmunized due to medical reasons, please notify us.*

Go to ShotsForSchool.org to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. ShotsForSchool.org

IMM-1167 (5-16)

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2-3 Months	4-5 Months	6-14 Months	15-17 Months	18 Months-5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

18-Months-5 years Immunizations Required