



Child Development Consortium of Los Angeles

A nonprofit corporation

1401 N. Mission Road
Los Angeles, CA 90033
(323) 226-2201 Fax (323)226-5507

CHILD DEVELOPMENT
CONSORTIUM OF LOS ANGELES

Application for Services LAC+USC Children's Center

Indicate if your household is a Single-parent family Two-parent family Foster Parent Other

PARENT/GUARDIAN #1

Last name:		First name:	
Street address:		City:	Zip Code:
Home phone:		Cell Phone:	
Email Address:			
Name of Employer			Work Phone:

PARENT/GUARDIAN #2 INFORMATION

Last name:		First name:	
Street address (if different from above)		City:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:			
Name of Employer			Work Phone:

COUNTY EMPLOYMENT STATUS (ENROLLMENT PRIORITY)

Does either parent work for the County of Los Angeles <input type="checkbox"/> Yes <input type="checkbox"/> No	Does either parent work for the LAC+USC Medical Center <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES to either, please indicate your County Employee ID # _____
--	---	---

CHILDREN NEEDING CARE

First and Last Name	Gender (circle)	Date of Birth MM/DD/YYYY	Days of Care Requested	Hours of Care Requested
#1.	F M		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	____ AM to ____ PM
#2.	F M		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	____ AM to ____ PM
#3.	F M		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	____ AM to ____ PM

REQUESTED START DATE:

SPECIAL NEEDS (Check all that apply)

	Child # 1	Child # 2	Child # 3
Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has IFSP (Individual Family Service Plan) or IEP (Individual Education Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child receives services through Regional Center or the local School District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social emotional/behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision or hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrollment at the LAC+USC Children's Center is based on priorities determined by the County of Los Angeles Department of Health Services and the Medical Center.

The information you provide on this form allows us to contact you if and when a child care space becomes available.

The Director will notify you of space availability within 3 business days or as discussed at the conclusion of your tour.

Children must be current with all immunizations prior to enrollment in the program.

There are 2, 3, 4 and 5-days-per-week schedules available. There is a minimum of 2 days per week.

Please attach your application fee of \$50 per child. Make your check payable to **CDCLA**

Parent Signature _____ Date _____

The Child Development Consortium of Los Angeles is dedicated to helping connect low-income families with child care as child care spaces are available. If you believe you may be eligible for CDCLA's child care subsidy program, you will need to complete a separate application for determination of eligibility. Per the California Department of Education all child care applications are ranked by income at the time of application submission and are not processed on a first come first served basis. Our program staff will verify the information you provide to make sure you are eligible before you are invited to enroll your child. ***All information is handled confidentially.***

OFFICE USE ONLY

<i>Date Received:</i>	<i>Date Processed:</i>	<i>Date Called:</i>	<i>Outcome:</i>
-----------------------	------------------------	---------------------	-----------------