



Long Beach City College
Child Development Centers and Learning Labs
 Phone: (562) 938-3185



Parent/Guardian #1 Name:	Phone:
Home Address:	Email:
Name of employer/School:	City of Employer/School:
Parent/Guardian #2 Name:	Phone:
Home Address:	Email:
Name of employer/School:	City of Employer/School:

Check box if the child you are enrolling is living with <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> not Mother nor Father	Primary language of family:
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What is your child care need?	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part-day	<input type="checkbox"/> whatever is available
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Reason for Needing Child Care (Check all that apply.)	Parent/Guardian #1	Parent/Guardian #2
Work/Employment		<input type="checkbox"/>
Attending School	<input type="checkbox"/>	<input type="checkbox"/>
Medically Incapacitated/Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Employment	<input type="checkbox"/>	<input type="checkbox"/>
Homeless and seeking housing	<input type="checkbox"/>	<input type="checkbox"/>
Recipient of Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Child is at risk of being abused, neglected or exploited	<input type="checkbox"/>	<input type="checkbox"/>
Part-day preschool experience for the child	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently receiving CalWORKS cash aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Monthly Gross Income and Sources	Parent/Guardian #1	Parent/Guardian #2
Work/Employment	\$	\$
Sales Commissions/Tips	\$	\$
State Disability	\$	\$
Worker's Compensation	\$	\$
Unemployment benefits	\$	\$
Retirement Income/Pensions	\$	\$
Social Security Survivorship Benefits	\$	\$
Supplemental Security Income/State Supplementary Payment	\$	\$
CalWORKs cash aid	\$	\$
Child Support	\$	\$
Foster care payments	\$	\$
Other (explain):	\$	\$

Children living at home: (List all children under 18 years old. Attach a page if needed.)					
First and Last Name of Child	Gender	Date of Birth	Ethnicity	Race	Speaks English
1.	M F				Y N
2.	M F				Y N
3.	M F				Y N

Special Needs	Child #1	Child #2	Child #3
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 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 specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature

Date