



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



<b>Parent/Guardian #1 Name:</b>	Phone:
Home Address:	Email:
LBCC Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Parent/Guardian #2 Name:</b>	Phone:
LBCC Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check box if the child you are enrolling is living with:</b> <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Foster Parent or Guardian	<b>Primary language:</b>
<b>What is your child care need?</b> <input type="checkbox"/> Full-Day <input type="checkbox"/> Part-Day <input type="checkbox"/> First Available	

<b>Reason for Needing Child Care</b> (Check all that apply)	<b>Parent/Guardian #1</b>	<b>Parent/Guardian #2</b> Do not complete if single parent
Work/Employment	<input type="checkbox"/>	<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"/>

<b>Are you currently receiving CalWORKs cash aid, Medi-Cal, Head Start, CalFresh, WIC, or another food program?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Monthly Gross Income and Sources</b> (Complete all that apply. Skip this section if not applying for State subsidy.)	<b>Parent/Guardian #1</b>	<b>Parent/Guardian #2</b> Do not complete if single parent
Work/Employment	\$	\$
Bonuses/Commissions/Tips	\$	\$
State Disability	\$	\$
Worker's Compensation	\$	\$
Unemployment Benefits	\$	\$
Retirement Income/Pensions	\$	\$
Social Security Survivorship Benefits	\$	\$
CalWORKs Cash Aid	\$	\$
Child Support	\$	\$
Other (explain):	\$	\$

<b>Children living at home:</b> (List all children under 18 years of age)				
First and Last Name of Child	Gender	Date of Birth	Race	Speaks English
1.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N

Do you have any concerns about your child's development?  Yes  No If yes, please specify \_\_\_\_\_  
 Does the child have an IFSP from Regional Center or IEP from LBUSD (or another district)?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_