

# Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

## CHILD DEVELOPMENT CENTER APPLICATION AND ADMISSION PROCESS

**!!! ONLY COMPLETE APPLICATION PACKETS WILL BE ACCEPTED !!!**

Application packets will be reviewed and determined to be complete before they will be accepted. Application packets are screened according to eligibility/need guidelines (State Department of Education Title 5) and assigned a priority number.

It is the parent's responsibility to provide ALL of the information and documentation necessary to the agency to determine if the parent meets both eligibility and need qualifications. If provided documentation is inadequate, the agency is responsible to ask the parent for more documentation.

### 1. Turn in completed application packet.

Use the following checklist to make sure you have everything required.

- All included forms completed and signed by enrolling parent (both if in home).**  
(All form should be completed in pen or typed)

#### All supporting documentation including:

(Make copies of all documents before bringing them in. We are not able to make copies for you.)

#### Income and Schedule Documentation

- Copy** from most recent month of family income received i.e. Cash Aid, CalWorks/CalFresh, SSI, DSI, unemployment, child support, financial aid disbursement letter etc.
- Current semester college course schedule print out (2 if both parents are students).

**For parents that are currently employed:** (Provide for both parents if both are working)

- Employment verification or self-employment documentation.
- Copies of most recent 3 months' pay-stubs or self-employment documentation.

#### Verification of Family Size

- Copies** of birth certificates for all children under the age of 18 in the home. If you are unable to obtain birth certificates for all children contact the center for other acceptable documents.

#### Address Verification

- Copy** or a current utility bill, rental/lease agreement, mortgage statement, or other document with physical address.

#### Child Medical Information

- Allergy Form (if applicable) signed by child's doctor. If your child has food allergies or sensitivities ask about additional forms that may be required.

**For preschool children only:**

- Physician's Report signed by child's doctor within the past year including TB screening.
- Copy** of Front & Back of child's Immunization Card (all required immunizations must be up to date).

### 2. Notification of Acceptance and Certification Appointment:

Child care is assigned based on priority number and available space in the program for the days and times requested. Once your child has been accepted into the program a certification appointment is scheduled.

**Parents who do not keep the Certification Appointment and fail to notify or reschedule, will be dropped from the childcare schedule and that space given to another family without further notice.**

## **Penalty of Perjury Statement**

It is the ***family's responsibility*** to provide **ALL** of the necessary documentation to the Los Rios Community College District (LRCCD) Child Development Centers. Documentation provided will determine if the family meets both **ELIGIBILITY** and **NEED** requirements for California Departments of Education and Social Services Subsidized Child Development Programs.

LRCCD reserves the right to request additional information or documentation if materials provided by the family are deemed incomplete or inadequate.

I affirm and certify under penalty of perjury that the information submitted to the LRCCD Child Development Centers in this application packet is true and accurate to the best of my knowledge.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Family Enrollment Application

### 1. Family Information

Total Family Size \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children (under 18) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

### 2. Adult Information (living in the home and responsible for the child)

**A.** Name \_\_\_\_\_ Phone \_\_\_\_\_ OK to text?  Yes  No

Email address \_\_\_\_\_ Preferred Language \_\_\_\_\_

Mother  Step-mother  Father  Step-father  Foster Parent  Guardian  Other \_\_\_\_\_

Is he/she a student?  Yes  No Name of School \_\_\_\_\_ Student ID# \_\_\_\_\_

Is he/she employed?  Yes  No Name of Employer \_\_\_\_\_

Is he/she currently on active US Military duty?  Yes  No, National Guard or Military Reserves?  Yes  No

**Is he/she a single parent?**  Yes  No If no, provide second parent information next.

**B.** Name \_\_\_\_\_ Phone \_\_\_\_\_ OK to text?  Yes  No

Email address \_\_\_\_\_ Preferred Language \_\_\_\_\_

Mother  Step-mother  Father  Step-father  Foster Parent  Guardian  Other \_\_\_\_\_

Is he/she a student?  Yes  No Name of School \_\_\_\_\_ Student ID# \_\_\_\_\_

Is he/she employed?  Yes  No Name of Employer \_\_\_\_\_

Is he/she currently on active US Military duty?  Yes  No, National Guard or Military Reserves?  Yes  No

### 3. Enrolled Child Information

**Child Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Toilet-Trained?**  Yes  No **Gender**  Male  Female

**Does your child have an IEP?**  Yes  No If yes, please provide a current copy.

**Race(s)** (Check all that apply)

American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White/Caucasian

**Hispanic?**  Yes  No **Child's Primary Language(s)** \_\_\_\_\_

Will this child also be enrolled at an elementary or other school?  Yes  No If yes, answer following questions, if no skip to number 4. Name of School \_\_\_\_\_

Grade Level \_\_\_\_\_ School District \_\_\_\_\_ Track \_\_\_\_\_

#### 4. Siblings (List all other children living in the home under the age of 18)

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

Name \_\_\_\_\_ Gender  male  female Birth date \_\_\_\_\_

**Would you like to also enroll any of the siblings listed above?**  Yes  No **If Yes, provide the following information for each child (use additional pages if needed). If no, skip to number 5.**

##### Enrolled Child 2

**Child Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Toilet-Trained?**  Yes  No **Gender**  Male  Female

**Does your child have an IEP?**  Yes  No If yes, please provide a current copy.

**Race(s)** (Check all that apply)

American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White/Caucasian

**Hispanic?**  Yes  No **Child's Primary Language(s)** \_\_\_\_\_

Will this child also be enrolled at an elementary or other school?  Yes  No If yes, answer following questions, if no skip to number 4. Name of School \_\_\_\_\_

Grade Level \_\_\_\_\_ School District \_\_\_\_\_ Track \_\_\_\_\_

##### Enrolled Child 3

**Child Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Toilet-Trained?**  Yes  No **Gender**  Male  Female

**Does your child have an IEP?**  Yes  No If yes, please provide a current copy.

**Race(s)** (Check all that apply)

American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White/Caucasian

**Hispanic?**  Yes  No **Child's Primary Language(s)** \_\_\_\_\_

Will this child also be enrolled at an elementary or other school?  Yes  No If yes, answer following questions, if no skip to number 4. Name of School \_\_\_\_\_

Grade Level \_\_\_\_\_ School District \_\_\_\_\_ Track \_\_\_\_\_

#### 5. Parent/Guardian Signature(s)

Adult A \_\_\_\_\_ Date \_\_\_\_\_

Adult B \_\_\_\_\_ Date \_\_\_\_\_

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS

### To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	GENDER	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT/AUTHORIZED REPRESENTATIVE NAME					BIRTHDATE
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT/AUTHORIZED REPRESENTATIVE NAME					HOME TELEPHONE ( )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT/AUTHORIZED REPRESENTATIVE NAME					HOME TELEPHONE ( )
LAST NAME					MIDDLE
FIRST					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD					BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY & AUTHORIZED TO TAKE CHILD FROM FACILITY

CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	EMAIL ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? CHECK BOX BELOW

CALL EMERGENCY HOSPITAL       OTHER – EXPLAIN \_\_\_\_\_

TIME CHILD WILL BE PICKED UP	
Contracted time may vary	
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/DESIGNEE

FORM REVIEWED BY SIGNATURE	DATA ENTERED INTO CARECONNECT
DATE OF ADMISSION	LAST DATE OF ENROLLMENT

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## CHILD DEVELOPMENT CENTER PROGRAM CONSENT FORM

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

- I give permission for my child to take adult-supervised walks on the college campus.
- I have no objection to my child being included in photographs or videos taken at the center which may be used for purposes on interpreting the Early Childhood Education program. Photographs and videos may be used in ECE classes throughout the Los Rios Community College District.
- I understand that photos and videos will be taken of my child for the purpose of assessing their growth and development.
- I give permission for photos that may include my child to be shared with other parents and/or posted in the center.
- I understand that college students will be making observations at the center as part of their class assignments with respect to confidentiality.
- I understand that college students will be working in the classrooms with the children under the direct supervision of Child Development Center staff.

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

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## Child's History

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Living in home with Child? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Living in home with Child? \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

## **Developmental/Health History**

Birth Weight \_\_\_\_\_ Condition at Birth \_\_\_\_\_

Walked at \_\_\_\_\_ months Began talking at \_\_\_\_\_ months Toilet Trained at \_\_\_\_\_ months

Has child been under regular care of a physician? \_\_\_\_\_ Date of last Exam \_\_\_\_\_

Please list any past serious illnesses your child has had with approximate dates and specify if hospitalization was required \_\_\_\_\_

Has your child been diagnosed with any special needs or disabilities? If yes, please describe \_\_\_\_\_

Does your child have frequent colds, allergies, asthma, stomach aches, and/or nosebleeds? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Does child take medications on a regular basis? If yes, please describe \_\_\_\_\_

## **Daily Routines**

What time does your child wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_ Does child nap during the day? \_\_\_\_\_

If yes, at what time and for how long? \_\_\_\_\_

At what times does your child usually eat? \_\_\_\_\_

What is your child's typical mealtime routine? \_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_

How does your child let you know when he/she needs to use the bathroom? \_\_\_\_\_

Do you have any toileting concerns? \_\_\_\_\_

## **Additional Information**

Has your child previously attended a program for young children? If yes, for how many hours/days per week? \_\_\_\_\_

What makes your child upset and/or afraid? \_\_\_\_\_

Who does the disciplining? \_\_\_\_\_ What form of discipline do you use? \_\_\_\_\_

Do you have any behavior concerns? \_\_\_\_\_

What are your child's favorite things? \_\_\_\_\_

Please share any additional information that would assist us in meeting your child's needs \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Family Needs Assessment

Adult's Name \_\_\_\_\_

Adult's Name \_\_\_\_\_

Child(ren) \_\_\_\_\_

Parent Time meetings will be announced. Please check the following topics you and your family may be interested in:

- \_\_\_\_ 1. Child Growth and Development
- \_\_\_\_ 2. Discipline/Child Behavior
- \_\_\_\_ 3. Single Parenting
- \_\_\_\_ 4. Building Self-Esteem
- \_\_\_\_ 5. Safety, First Aid, CPR, Aids
- \_\_\_\_ 6. Coping with Stress
- \_\_\_\_ 7. Child Abuse Prevention
- \_\_\_\_ 8. Community Activities for Families
- \_\_\_\_ 9. Family Health and Nutrition
- \_\_\_\_ 10. Other \_\_\_\_\_

**In what other areas may the Center assist you and your family?**

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent, Step Parent, Domestic partner, guardian or Foster Parent Signature**  
**Two signatures are required if child has two adults responsible for his/her care.**



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**Family Income Declaration Form**

**Child's Name** \_\_\_\_\_

**"Family"** means the parents and the children for whom the parents are responsible who comprise the household in which the child receiving services is living. For purposes of income eligibility and family fee determination, when a child and his or her siblings are living in a family that does not include their biological or adoptive parents, "family" shall be considered the child and related siblings **(Title 5 18078 f)**.

**"Total Countable Income"** means all income of the individuals counted in the family size that includes, but is not limited to the following **(Title 5 18078)** gross wages or salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings; wages for migrant, agricultural, or seasonal work; public cash assistance; gross income for self-employment less business expenses with the exception of wage draws; disability or unemployment compensation; workers compensation; spousal support, child support, or financial assistance for housing costs or car payments paid as part of or in addition to spousal or child support; survivor and retirements benefits; dividends, interest on bonds, income from estate or trusts, net rental income or royalties; rent for room within the family's residence, foster care grants, payments or clothing allowance for children placed through child welfare services; financial assistance received for the care of child living with an adult who is not the child's biological or adoptive parent; veterans pensions; pensions or annuities; inheritance; allowances for housing or automobiles provided as part of compensation; portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies; insurance or court settlements for lost wages of punitive damages; net proceeds from the sale of real property, stocks, or inherited property; or other enterprise for gain.

**Please provide documentation of each source of income listed.**

**Staff Office Use ONLY**

	<b>Family Member Receiving Income</b>	<b>Source of Income</b>	<b>Gross Amount per Month</b>	<b>Document Attached</b>	<b>Verified by Office Staff</b>
1.					
2.					
3.					
4.					
5.					
6.					

**I certify under penalty of perjury that any other adults living in the home whose income is not listed above are not taking responsibility for the child. I realize that failure to report this information constitutes fraud and may result in repayment of child care funds and/or termination of subsidized child care services.**

**Adult Name (PRINTED)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Adult Name (PRINTED)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Two signatures are required if child has two adults responsible for his/her care.**

**Required Documentation for Income**  
*(other than Employment or Self-Employment)*

Mark all that apply and include supporting documents with your application packet.

- CalWORKs/CalFresh/Cash Aid** – attach current or preceding month’s screen prints from county with names of those receiving aid and amounts received.
  
- Financial Aid** – attach a copy of current year financial award letter or disbursements.
  
- Parental/Family support** – attach a detailed statement from parent/family members on Self Certification form (attached) must include: name, contact information, amount of support, signature & date].
  
- Child Support/Alimony** – attach a detailed statement from parent/family members on Self Certification form (attached) must include: name, contact information, amount of support, signature & date].
  
- Worker’s Compensation** – attach current pay stubs showing amount received monthly/weekly.
  
- SSI/SSP** – attach Social Security Administration Statement (SSA).
  
- Unemployment/Disability** – attach current pay stub showing amount received monthly/weekly.
  
- Other** – – attach a detailed statement from parent/family members on Self Certification form (attached) must include: name, contact information, signature & date].

I certify under penalty of perjury that the information provided here is true, accurate, and complete to the best of my knowledge.

**Adult Name (PRINTED)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Required Documentation for Income from  
Employment and/or Self-Employment**

Mark all that apply and submit supporting documents with your application.

**Employment**

- Pay-stubs** - attach copies of paystubs that reflect the most recent 3-month period.
- Employment Verification Form** – signed by employer

**Self- Employment**

I am self-employed as \_\_\_\_\_

I make \$\_\_\_\_\_ per  week  month  year (check one)

I work the following days and hours: \_\_\_\_\_

\_\_\_\_ I have included documentation from **each of the 3 sections below.**

- 1.** To demonstrate my income I have provided a copy of *one or more* of the following (Title 5 18084):
  - A letter from the source of my income on Self Certification form (attached)**
  - A copy of my most recently signed and completed tax return WITH a statement of current estimated income on Self Certification form (attached)**
  - Other business records, such as ledgers, receipts, or business logs**
- 2.** To demonstrate the days and hours worked, please provide a copy of *one or more* of the following (Title 5 18086):
  - Appointment logs**
  - Client receipts**
  - Job logs**
  - Mileage logs**
  - A list of clients with contact information or similar records**
- 3. AND** one (1) of the following:
  - Copy of business license**
  - Works space lease**
  - Work place rental agreement**

I certify under penalty of perjury that the information provided here is true, accurate, and complete to the best of my knowledge.

**Adult Name (PRINTED)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**ALLERGY STATEMENT**

**Child's Name:** \_\_\_\_\_

**If your child does NOT have allergies or a special diet, initial here.** \_\_\_\_\_

**This child is allergic to the following animals:**

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**This child is allergic to the following foods:**

If the child has a food allergy you must have the Medical Statement to Request Special Meals and/or Accommodations form (CNP-925) signed by the child's physician.

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**This child has the following special diet due to religious beliefs or personal choice:**

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**Acceptable substitute foods are:**

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I give permission for my child's allergy and/or food preference information to be posted in the kitchens and classrooms of the Child Development Center.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

# Los Rios Community College District

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**College/Work Schedule**     Fall     Spring     Summer    Year 20 \_\_\_\_\_

**Adult Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Child Name(s)** \_\_\_\_\_

Complete the schedule below with Course Title, Location, Instructor Name and start & end times of classes. Also list begin and end times of work schedule(s) [on or off campus]. A copy of the course syllabus is required for all online courses. **One form per adult in the household is required.**

**Child Care hours will be based on what is on this form along with your class schedule printout to verify enrollment and employment verification.**

<b>1<sup>st</sup> 8 weeks</b> Full Semester 2 <sup>nd</sup> 8 weeks	<b>Math 53</b> <b>EXAMPLE</b> <b>BS135</b> Mr. Edgar	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50
<b>Office Use Only:</b> Contract Hours						
<b>Class Session</b> [Circle ONE]	<b>Course Name</b> <b>Room Number</b> <b>Instructor</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						
1 <sup>st</sup> 8 weeks Full Semester 2 <sup>nd</sup> 8 weeks						

**Office Use Only:**    Effective Date: \_\_\_\_\_    Initial: \_\_\_\_\_