

**COMMUNITY DEVELOPMENT CENTER, INC.**  
Home of Friendship Academies & Family Child Care Home Network

**WAITING LIST APPLICATION**  
Child Care & Development Services

Section 1: FAMILY CONTACT INFORMATION			
Parent/Guardian #1	Relationship to child:	Check if single parent <input type="checkbox"/>	
Parent/Guardian #2	Relationship to child:		
Home Address:	Apt./Unit#	City	Zip Code
Mailing Address:	Apt./Unit#	City	Zip Code
Email (please print clearly):			
Home Phone:	Cell #1:	Cell #2:	

Section 2: CHILD(REN) IN NEED OF SERVICES & TYPES OF CHILD CARE SERVICES
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**Types of services:**

- **Part-day:** Only the preschool enrichment 3-hour program.
- **Full-Day:** parents/guardians have a need for child care longer than 3 hours.

List all children living in the home under the age of 18.

**SELECT SERVICE YOU ARE REQUESTING**

#	Child's Full Name	Birthdate	Gender	Primary Language	Foster Child?	Full Day	Part Day	After School	None
1								Grade:	
2								Grade:	
3								Grade:	
4								Grade:	
5								Grade:	
6								Grade:	

SECTION 3: ADDITIONAL CHILD INFORMATION
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ADDITIONAL CHILD INFORMATION – Mark all that apply	None	#1	#2	#3	#4	#5	#6
1. Child has an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP) or is in the process of obtaining one.							
2. Child with Child Protective Services (CPS)							
3. Child that has been identified as At-Risk of Abuse, Neglect, and/or Exploitation							
If yes to questions 2 and/or 3, please provide name and contact # of Social Worker and case number:							

**SECTION 4: PREFERRED CHILD CARE SITE OR FAMILY CHILD CARE PROVIDER – Check school site or provider**

LOMITA SITE: 2155 W 240<sup>th</sup> St. Lomita, 90717       WILMINGTON SITE: 931 N Frigate, Wilmington, 90744  
 TORRANCE SITE: 4120 W 185<sup>TH</sup> St. Torrance, 90504       FAMILY CHILD CARE HOME (3 months – 5.11 years)  
 Provider Name: \_\_\_\_\_

**SECTION 5: DETERMINING ELIGIBILITY**

I only want the Part-day Preschool Enrichment program for 3 hours per day.

----- **If box checked, skip to Section 6** -----

Full-day services has two requirements to be eligible: (1) have a need and (2) income eligible. The full-day schedule is dependent on each family’s need. Therefore, schedules are determined case by case and vary per family.



Type of Need	Parent 1	Parent 2	Income Source	Parent 1	Parent 2
Working			Gross Monthly Work Income (before taxes)	\$	\$
Work Schedule(s)			Cash Aid Recipient		
Looking for Work			Unemployment Benefits	\$	\$
Medically Incapacitated or Disabled			Disability Benefits or Worker’s Compensation	\$	\$
Child is in Child Protective Services or is At-Risk of Abuse, Neglect, and/or Exploitation			Government Program (WIC)	\$	\$
Attending Education/Vocational Training Schedule:			Child Support – I Receive	\$	\$
Enrolled Education Program for English Language Learners or to attain HS Diploma/GED			Child Support – I Pay Out	\$	\$
Homeless			Other	\$	\$
Migrant Worker			<b>Total Monthly Income:</b>		

Enrollment priorities are set by the California Department of Education and/or the California Department of Social Services. The information you provide on this application determines your waitlist rank group number for order of enrollment, when a space becomes available.

Rank Group # \_\_\_\_\_

**SECTION 6: ACKNOWLEDGMENT STATEMENT**

This application is the first step in applying for child care and development services. If your family is contacted for enrollment, you must provide proof of the information provided on this form. **Enrollment is not guaranteed until (1) all documents for eligibility are submitted, (2) it is determined you are eligible, and (3) space is available.**

I declare that I have read and understand the above statement and that the information on this application is correct. If any information changes after application and before enrollment, I will keep the program informed.

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

Office Notes Only