



ELIGIBILITY / WAITING LIST FORM LAUSD EARLY CHILDHOOD EDUCATION SERVICES

PRIORITY RANK

Early Education Center / School: _____ Estimated Monthly Fee: _____

TO BE COMPLETED BY PARENT / CARETAKER		GROSS MONTHLY INCOME (BEFORE taxes) Include child support, cash aid and any other income received
NAMES:		
A.	Relationship:	\$
B.	Relationship:	\$
<input type="checkbox"/> <i>I am a single parent and can provide proof</i>		TOTAL FAMILY INCOME: \$
Address:		
Best phone to reach me - Home/Cell:		E-mail:
CHILDREN NEEDING SERVICES		
		DATE OF BIRTH
		HOURS OF CARE NEEDED
Child Name:		
Child Name:		
<input type="checkbox"/> <i>Interested in Distance / Virtual Learning</i>		
Number of other children in the family under age 18: _____		TOTAL FAMILY SIZE:
<p><i>I am requesting early childhood education services for the child(ren) listed above. In order to remain on the waiting list I understand that it is my responsibility to update this information at least once every six months or as changes occur. I understand that enrollment at this location is based on space availability, enrollment priority and priority rank. When notified that space is available, I understand that LAUSD staff will verify all information on this form to make sure my child is eligible before he/she can be enrolled.</i></p>		
Parent Name	Signature of Parent	Date

FOR LAUSD USE ONLY		
Date Received by LAUSD:		Date Child Enrolled:
Date(s) Updated:		Date Removed from List:
CCTR	CSPP FULL DAY	CSPP PART DAY
Enrollment Priority: 1st priority: <input type="checkbox"/> Child Protective Services or At Risk 2nd priority: <input type="checkbox"/> Cash aid recipient <input type="checkbox"/> Income eligible <input type="checkbox"/> Homeless Meets need requirement: <input type="checkbox"/> Working <input type="checkbox"/> Seeking employment <input type="checkbox"/> Attending vocational training <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless and seeking permanent housing	Enrollment Priority: 1st priority: <input type="checkbox"/> Child Protective Services or At Risk 2nd priority: <input type="checkbox"/> Four year old child in an income eligible family <input type="checkbox"/> Three year old child in an income eligible family Meets need requirement: <input type="checkbox"/> Working <input type="checkbox"/> Seeking employment <input type="checkbox"/> Attending vocational training <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless and seeking permanent housing	Enrollment Priority: 1st priority: <input type="checkbox"/> Child Protective Services or At Risk 2nd priority: <input type="checkbox"/> Four year old child in an income eligible family <input type="checkbox"/> Three year old child in an income eligible family
COMMENTS:		