



## 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
<b>NAMES:</b>		
<b>A.</b>	Relationship:	\$
<b>B.</b>	Relationship:	\$
<input type="checkbox"/> I am a single parent and can provide proof		<b>TOTAL FAMILY INCOME: \$</b>
<b>Address:</b>		
<b>Best phone to reach me - Home/Cell:</b>		<b>Work:</b>
		<b>E-mail:</b>
CHILDREN NEEDING SERVICES	DATE OF BIRTH	HOURS OF CARE NEEDED
<b>Child Name:</b>		
<b>Child Name:</b>		
Number of other children in the family under age 18: _____		<b>TOTAL FAMILY SIZE:</b>
<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>		
<b>Parent Name</b>	<b>Signature of Parent</b>	<b>Date</b>

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
<b>Enrollment Priority:</b> <b>1<sup>st</sup> priority:</b> <input type="checkbox"/> Child Protective Services or At Risk <b>2<sup>nd</sup> priority:</b> <input type="checkbox"/> Cash aid recipient <input type="checkbox"/> Income eligible <input type="checkbox"/> Homeless <b>Meets need requirement:</b> <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	<b>Enrollment Priority:</b> <b>1<sup>st</sup> priority:</b> <input type="checkbox"/> Child Protective Services or At Risk <b>2<sup>nd</sup> priority:</b> <input type="checkbox"/> Four year old child in an income eligible family <input type="checkbox"/> Three year old child in an income eligible family <b>Meets need requirement:</b> <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	<b>Enrollment Priority:</b> <b>1<sup>st</sup> priority:</b> <input type="checkbox"/> Child Protective Services or At Risk <b>2<sup>nd</sup> priority:</b> <input type="checkbox"/> Four year old child in an income eligible family <input type="checkbox"/> Three year old child in an income eligible family
<b>COMMENTS:</b>		