



Registration Form

The County of Los Angeles Child Care Planning Committee (CCPC) has created the Los Angeles Centralized Eligibility List (LACEL) to help connect low-income families with child care and development subsidies as child care spaces and funding become available. By completing this form, you are registering on the LACEL. The information you provide on this form will help determine your eligibility for a child care subsidy. Registration on the LACEL allows a child care and development program to contact you if and when a subsidized child care space becomes available. At that time, the program staff will verify the information you provided on this form to make sure you are eligible before you are invited to enroll your child. All information is handled confidentially.

For more information on the LACEL, please contact the County of Los Angeles Office of Child Care at (213) 974-1664 or visit the web site at www.childcare.lacounty.gov.

COMPLETE BOTH SIDES OF FORI	Application	Application Date:					
Parent/Guardian #1 Information					•		
Last name:		First nam	First name:				
Street address:		City:			Zip Code:		
Home phone:	Work/other phone	9:	Prima	ry language:			
Name of employer/school:			Work/school zip co		ode:		
Parent/Guardian #2 Information (Co	Single parent far Implete only if ther	mily \(\sigma\) The is another parameter The image is provided in the	Two parent far rent/guardian .	nily <i>residing in the</i>	e same home.)		
Last name: Name of employer/school:			ool zip code:	Work/other	rk/other phone:		
Reason for Needing Child Care (Check all that apply.)		Pare	Parent/Guardian #1		Parent/Guardian #2		
Working		1					
Attending School or Job Training							
Medically Incapacitated/Disabled			. 0				
Looking for Work			. 0		Q "		
Homeless/Seeking housing					0		
Migrant Worker							
Part-day educational preschool experience for child					٥		
CalWORKs Participation (Cash aid) Are you currently receiving cash aid? Yes No	If NO, have you the last two year	received cash	aid within	If YES, last d	ate of cash aid payment:		

Monthly Income and Sources (Enter total dollars, before to household.)				- cir	1 10 perdion #1			Parent/Guardian #2		
(Jouannia.)					Parent/Guardian #1			contra-		
Work/Employment					\$			THE RESERVE AS A SECOND		
				\$	\$					
Child Support				\$ -	\$ -					
Spousal Support				\$	\$					
State Disability					\$					
Unemployment benefits					\$					
Sales/Work Commissions					\$					
Cash Aid (CalWORKs)					\$					
Worker's Compensation					\$					
Social Security				- φ	\$ \$					
SSI/SSP .				\$	\$ \$					
Other (explai	n):			\$ members of the famil	Attach an a	dditional page.	if needed.)			
Children Liv	ing at Home (A	II children under	18 who are	members of the famil	y. Allacir air a	only if child c	are is needed			
Jilluich Liv	mg acress 1					Part-time	Evening	s /Weekend		
Tiret and La	ef Name	91	Gender	Date of Birth	Full-time	Fait-time	,			
First and Last Name										
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3.			F M		<u> </u>	_				
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Аге уои ситте	ently receiving f	oster care payme	ents for any	of the children listed a \$	(Child # 3 \$				
Child#1	5		1 Child#2	\$						
Special Nee	ds (Check all	that apply)				child #1	Child #2	Child #		
ppecial Mes	40 [0,3									
Child Protective Services						-				
The state of the s				ndividual Education Pl	ual Education Flan					
Child has IFSP (Individual Family Service Harry of IEF (Individual Family Service Harr						TY.				
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