

**LAC+USC Children's Center**  
1401 N. Mission Road, Los Angeles, CA 90033  
(323) 226-2201  
Fax (323) 226-5507

**APPLICATION FOR ENROLLMENT**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of County Employee: \_\_\_\_\_

County Employee ID# \_\_\_\_\_ Job Title: \_\_\_\_\_

County Job Location: LAC+USC \_\_\_\_\_ Other (specify) \_\_\_\_\_

Department: DHS \_\_\_\_\_ Sheriff \_\_\_\_\_ Courts \_\_\_\_\_ Probation \_\_\_\_\_ Library \_\_\_\_\_

Other (specify): \_\_\_\_\_

Please indicate the days and hours of child care services requested: (2 days per week minimum)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Preferred Program Start Date: \_\_\_\_\_

Meals Received during Normal Hours of Care:

AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_

Please complete this form and return it to the child care center. Enrollment is based on a first come, first served basis, according to space availability within each age group.

A \$25.00 nonrefundable registration fee is due upon notification of admission.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date