

Tiny DOTs Children's Center

Caltrans District 7 Office Bldg.
100 S. Main St.
Los Angeles, CA 90012
(213) 897-0049

APPLICATION FOR ENROLLMENT

Name of Child: _____ Date of Birth: _____

Parent of Guardian: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Work Phone: _____

Name of State Employee: _____

State Employee ID# _____ Job Title: _____

State Job Location:

Department:

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: _____

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.