



ENROLLMENT APPLICATION

Application Instructions:

Complete the following forms: (attached)

- Include names and date of birth (DOB) of all your children in the household.
- Financial Report with complete employment information (if applicable).
- Provide an original most recent paycheck stub(s) for a period of one month (copies will be made).

Provide a driver’s license or other official ID with your photo on it (copies will be made).

Upon completion and review of the application and supporting documents, your child will be eligible for care at the location you have requested (subject to space availability).

Eligibility Requirements:

Parent(s) must provide documentation of full-time work, full-time school or training program enrollment, a combination of work and school, medically incapacitated, homelessness, or looking for work.

Provide original paycheck stubs and/or documentation of registration for school or training program.

Select a location:

West Branch
 1548 Chestnut Ave. Long Beach, CA 90813 (562) 591-0509

East Branch
 3965 Bellflower Bl., Long Beach, CA 90808 (562) 421-1488

Where did you hear about LBDN?

- [] Magazine/Newspaper (please specify)_____
- [] Phone Book (please specify)_____
- [] Friend/Family (please specify)_____
- [] Driving by LBDN (please specify location)_____
- [] Other (please specify)_____

Application

Name of Parent or Guardian #1: _____
Home Address: _____
City, State & Zip code: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____
Name of Parent or Guardian #2: _____
Address (if different from above): _____
City, State & Zip code: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____

Single Parent Household: _____ Two Parent Household: _____

Name(s) of other adult(s) in the household: _____

Number of children in household: _____

Children Living at Home:

First and Last Name	Birth Date	Child needs Care (check if "YES")	Date Care is Needed	Foster Child (check if "YES")	Foster Amount (monthly)
1.	/ /		/ /		\$
2.	/ /		/ /		\$
3.	/ /		/ /		\$
4.	/ /		/ /		\$
5.	/ /		/ /		\$
6.	/ /		/ /		\$

(continued on next page)

Tuition Payment Type:

How will you be paying your child(ren)'s tuition?

- I will be paying the full tuition. I am requesting State Funds.
- I have payment through Children's Home Society or other agency. I am requesting assistance through LBDN's Stepping Stones to Success Scholarship Funds.

Child(ren) with Special Needs (check if "YES"):

	Limited English	Child Protective Services	Severely Handicapped	Does child have an IEP, IFSP, or receive services through Regional Center or School District?
Child # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



For official use only:

Subsequent Contacts

Admission interview date: _____ time: _____

One hour visit following: Yes No

Financial Report

Employment Information:

Parent/Guardian #1 Company/Employer: _____

Work/Training Institution Address: _____

City, State & Zip code: _____

Department/Position/Major: _____ Work Phone: _____

Hours of work/training: _____ to _____ How often are you paid?
 weekly monthly
 every other week twice a month

Parent/Guardian #2 Company/Employer: _____

Work/Training Institution Address: _____

City, State & Zip code: _____

Department/Position/Major: _____ Work Phone: _____

Hours of work/training: _____ to _____ How often are you paid?
 weekly monthly
 every other week twice a month

Sources of Family Income: (check all that apply including the amount)

- Work/Employment \$ _____ Sales/Commission/Tips \$ _____
- Child Support \$ _____ Alimony \$ _____
- CALWORKS \$ _____ State Disability \$ _____
- Unemployment Benefits \$ _____ Service Allotment \$ _____
- Social Security \$ _____ Workman’s Compensation \$ _____
- Other \$ _____

Attach a copy of your latest pay and other check stubs for a period of one month.

Please read and sign:

- A new financial report and an updated emergency information form are required every 6 months or whenever there is a change.
- You are responsible for reporting any change in income, employment, or family status. Failure to do so may result in your child being discontinued.
- Your child may be excluded from attendance at the Long Beach Day Nursery if you do not provide this information promptly upon request.

I hereby certify that all of the above information is true and correct.

Signature of parent/guardian Date

Request for Subsidized Waiting List

LBDN has limited funding to provide low-cost to free child care. You may meet guidelines for this funding. Please indicate your interest by completing this form. Enrollment is based on available funding.

Name of Parent or Guardian #1: _____		
Home #: _____	Work #: _____	Mobile #: _____
Name of Parent or Guardian #2: _____		
Home #: _____	Work #: _____	Mobile #: _____

Need for Child Care (Please check all that apply for each parent and other adults in household):

	Parent/Guard. #1	Parent/Guard. #2	Other Adult #1	Other Adult #2
Working	[]	[]	[]	[]
In School/Training	[]	[]	[]	[]
Medically Incapacitated	[]	[]	[]	[]
Seeking Employment	[]	[]	[]	[]
Homeless	[]	[]	[]	[]

Name of Child: _____

[] Currently Enrolled [] Not Enrolled

Name of Child: _____

[] Currently Enrolled [] Not Enrolled



For official use only:

Rank: _____

Income: _____

Family size: _____

Child DOB: _____