Preschool Laboratory located at the Child Development Center
3600 Workman Mill Rd. Whittier 90601, 562-908-3494

The Rio Hondo College Preschool Laboratory located at the Child Development Center provides a developmentally appropriate educational program for the preschool children of Rio Hondo College students, staff, faculty and the surrounding communities meeting the criteria of the California State Preschool Standards (Frameworks).

ELIGIBILITY PACKET

Days and Hours of Operation
The Laboratory is open from 7:30 a.m. to 5:00 p.m. Monday through Friday following the college academic calendar.

Enrollment Policy
In order to enroll in the program children must be on or before October 1st of the 2013-2014 fiscal year (July 1 and June 30) and September 1st for the 2014-2015 fiscal year and fully toilet trained. Children who meet the age criteria to attend public Kindergarten are not eligible for enrollment. The center welcomes all eligible children regardless of gender, ethnicity, religious affiliation, or special needs. All families applying for enrollment must submit the paperwork to determine eligibility even if the family does not qualify for government subsidized services. Government contracts require that enrollment into the program is based on eligibility for government assistance and need not on a first come first served basis.

Enrollment Options
1. Half Day State Preschool Program
   Children attend four to five days per week from 8:30am -12:00pm.
2. Preschool Program (More than four hours)
   Days and hours of attendance are based on the needs of student or working parents.

Payment for Program
Government Subsidized Payment
To receive government subsidized child development services, households must meet state mandated eligibility and need criteria. In addition the child’s parent(s) must live and/or work in the State of California. The determination of eligibility is without regard to the immigration status of the child or the child’s parent(s).

Fee Based Preschool Program
Families who do not qualify for subsidized programs may enroll in the Fee Based Program, provided there is space available. Full fees for services will be required. Children must be enrolled for a minimum of 3 hours each day and 3 days per week.

Required Documents to Determine Eligibility for Subsidy

| Documentation of Income: |
| One month of current income | verification for all working adults in the household must be provide |
| If one parent of the enrolling child does not live in the household | proof must be provided of either support from |
| the second parent (child support records or arrangements) or | proof of the absence of the second |
| parent. |

Documentation of Family Size:
A certified birth certificate must be submitted for all dependent children in the household.

Documentation of Need:
Students submit a long term educational plan prepared by a counselor and a current class schedule. Working parents submit the Employment Verification form included in the Enrollment Packet.

Documentation of Health:
When the Eligibility Packet is submitted a copy of the child’s immunization records must be provided.

Enrollment Packet and Registration Appointments
Please submit your complete Eligibility Packet and all the required documents to the Laboratory front office. Once eligibility has been determined, you will be required to complete an Enrollment Packet. After submission of the complete Enrollment Packet schedule a registration appointment in order to finish the enrollment process. Failure to appear for a scheduled appointment may exclude your child from further consideration into the program. A 24 hour notice must be given to reschedule your registration appointment.
### Preschool Laboratory located at the Child Development Center

#### Eligibility Application

**Primary Parent**

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Language:</th>
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<tr>
<th>Phone:</th>
<th>Phone:</th>
<th>SSN:</th>
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**Gender:**

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

**Relationship to child:**

- [ ] Father
- [ ] Grandparent
- [ ] Guardian
- [ ] Mother
- [ ] Stepfather
- [ ] Stepmother
- [ ] Other: _________

**Street Address:**

<table>
<thead>
<tr>
<th>City</th>
<th>Zip:</th>
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**Secondary Parent**

- [ ] Not Applicable

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Language:</th>
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- [ ] Other: _________

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</thead>
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**Parental Status:**

- [ ] Single Parent
- [ ] Two Parents

**Reason for Needing Care:**

- [ ] Child Protective Services
- [ ] Incapacitated
- [ ] Child attends State Preschool
- [ ] Working
- [ ] Seeking Housing
- [ ] Seeking Employment
- [ ] Education or training

**Name of School:**

[ ] Cal Works Activities

**Case#**

**Child’s Last Name:**


**Child’s First Name:**


**Middle Initial:**


**Date of Birth**


**Gender:**

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**SSN:**

**Does your child have a disability or special need?**

- [ ] Yes
- [ ] No
- [ ] Suspected

(Describe; if disability has been diagnosed, give date/source.)

**Primary Language:**

**Is your child limited in English proficiency?**

- [ ] Yes
- [ ] No

**Family Member Information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Employment Status</th>
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**Income (List by family member)**

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<tr>
<th>Income received:</th>
<th>Weekly</th>
<th>Every two weeks</th>
<th>Monthly</th>
<th>Twice a month</th>
<th>Annually</th>
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<tbody>
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<td>Gross Income:</td>
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Certification: I certify under penalty of perjury that the information I’ve provided is true and factual. I understand that it is my responsibility to inform the program should any of the information I’ve stated has changed. I also understand that the information in this application will be held in strict confidence within the program and is accessible to me during normal business hours.

Parent/guardian’s signature: ____________________________ Date: ______ / ______ / _______
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Child Development Services Fraud/Deceit Policy

Eligibility to receive state subsidized child development services is determined on the basis of need for services, current income (gross monthly income) or aid status in relation to family size.

Those who receive state subsidized child development services should be aware that if fraudulent information is used to establish on-going eligibility or if all required documentation is not provided to our program (such as change of work status or income), your childcare services will be terminated immediately and you may be prosecuted for fraud.

To determine your current eligibility status, a brief interview will be conducted with you at the time that you submit your eligibility packet, at your original enrollment appointment and each time that you re-certify your eligibility. Many situations can change your status: employment status, income changes or new members added to your household. State law requires that our program be informed of these changes within five days.

The State Department of Education requires a formal re-certification process for child development services. A child is considered enrolled if he or she is re-certified within a six-month period and is currently using the program.

Definitions:
“Fraud” is defined in Section 1709 of the Civil Code as:
One, who willfully deceives another with intent to induce him to alter his position to his injury or risk, is liable for any damage, which he hereby suffers.

“Deceit” is defined in Section 1710 of the Civil Code as:
A deceit, within the meaning of the last section, is either:
1. The suggestion, as a fact, of that which is not true, by one who does not believe it to be true;
2. The assertion, as a fact, of that which is not true, by one who has no reasonable ground for believing it to be true;
3. The suppression of a fact, by one who is bound to disclose it, or who gives information of other facts which are likely to mislead for want of communication of the fact, or,
4. A promise, made without any intention of performing it.

As a recipient of Child Development Services from the Preschool Laboratory located at the Child Development Center, I acknowledge that I have read and understand the above policy.

Recipient Signature: ______________________________ Date: _______________

Staff Signature: ______________________________ Date: _______________
The United States Department of Health and Human Services (HHS) is gathering information about families who receive child care assistance. The information will be reported to the California Department of Education (CDE) and then to HHS. The information will be used for research on the status of child care in the United States and will provide valuable data to persons developing child care programs and policies at the state, local, and national levels.

All the information HHS receives about your family and other families will be summed up and reported to Congress every two years. No person or family will be individually identified in reports made to Congress, the Legislature, other governmental agencies, or the public.

To ensure that children and families receiving child care services are counted only once, HHS and CDE are requesting the Social Security Number of the head of the family unit receiving child care assistance. If you do not wish to give your Social Security Number for this purpose, you may still receive child care assistance. Social Security Numbers will help CDE meet HHS reporting requests and state requirements for program statistics. Authority to ask for your Social Security Number for this purpose is stated in Section 98.71(a) (13) of Title 45 of the Code of Federal Regulations, Education Code Section 8261.5, and Section 18070 of Title 5 of the California Code of Regulations. Your decision to provide your Social Security Number is voluntary.

I have been informed of the way my Social Security Number will be used. I understand that if I do not wish to give my number, I can still receive child care assistance.

☐ YES, my Social Security Number may be used: _______ - _______ - _______

☐ NO, I do not wish to give my Social Security Number for this purpose.

________________________________________   __________
Signature of the Head of Household     Date

________________________________________
Type or Print Name

You have the right to access records containing your personal information. For information about this system of records, contact the California Department of Education, Child Development Division, 1430 N Street, Sacramento CA 95814; telephone (916) 445-1907.