



3845 Selig Place  
 Los Angeles, CA 90031  
 T: (323) 224-3800 F: (323) 227-6402  
[www.iilosangeles.org](http://www.iilosangeles.org)

OFFICE USE ONLY:	
<input type="checkbox"/> AP	Size: _____
<input type="checkbox"/> CB	Income: \$ _____
<input type="checkbox"/> FCCHEN	Rank: _____

## IILA CHILD DEVELOPMENT DIVISION REGISTRATION FORM

Please **complete** both sides of the form. Failure to do so may result in delays. Date: \_\_\_\_\_  
 IILA staff may contact you to confirm your options.

### SECTION 1: CHILD CARE PROVIDER INFORMATION

I am interested in using the following type of child care (see cover, **PLEASE MARK ALL THAT APPLY**):

Licensed Center, name: \_\_\_\_\_

Licensed Family Child Care Home, name: \_\_\_\_\_

Friend or family member\*, please indicate relationship to child (if any): \_\_\_\_\_

I am not sure yet.\* [You can call MAOF for a list of licensed providers: (323) 890-1555.]

*\*IILA's service area consists of the following zip codes: 90022, 90023, 90031, 90032, 90033, 90063, 91754, & 91755  
 For licensed care, IILA covers a wider service area, including Chinatown, South LA, Rampart, & parts of the San Gabriel Valley.*

### SECTION 2: PARENT/GUARDIAN INFORMATION

A: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

If there is a second parent in the home, please complete B. Otherwise, mark:  I am a single parent.

B: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Cell: \_\_\_\_\_

### SECTION 3: REASON FOR NEEDING CHILD CARE SERVICES (check all that apply)

	Parent A	Parent B
Working, occupation: _____:		<input type="checkbox"/>
Seeking Employment:		<input type="checkbox"/>
Attending School/Vocational Training:		
Medically Incapacitated/Disabled:	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Permanent Housing:	<input type="checkbox"/>	<input type="checkbox"/>
None (may be eligible for Part-Day Preschool):	<input type="checkbox"/>	<input type="checkbox"/>
Other (please indicate): _____		

### SECTION 4: NAMES AND DATES OF BIRTH OF ALL CHILDREN UNDER 18 (living in the home).

First/Last Name	IEP/IFSP	Gender	Date of Birth	Is Care Needed?	If yes, language spoken by child:
1.		M F		No Yes	
2.		M F		No Yes	
3.		M F		No Yes	
4.		M F		No Yes	
5.		M F		No Yes	
6.		M F		No Yes	



**International Institute of Los Angeles Child Care Sites**  
**3845 Selig Place**  
**Los Angeles, CA 90031**  
**Telephone (323) 224-3800: Fax: (323) 227-6403**

**Aliso Pico Preschool**  
1505 E. 1st Street  
Los Angeles, CA 90033

(323) 269-6921

**All Peoples Preschool**

822 East 20<sup>th</sup> Street  
Los Angeles, CA 90011

(213) 747-6357 ext. 140

**Amistad Preschool**  
2037 Lincoln Park Ave.  
Los Angeles, CA 90031

(323) 441-8718

**Estrada Learning Center**

3225 Hunter Street  
Los Angeles, CA 90023

323-881-6780

**La Santa Cruz Preschool**

2747 Whittier Blvd.  
Los Angeles, CA 90023

(323) 262-1123

**Las Flores Preschool**  
1075 S. Eastman Ave. #211  
Los Angeles, CA 90023

(323) 980-5015

**Lorena Terrace Algeria Preschool**

619 S. Lorena St. Room C-104  
Los Angeles, CA 90023

(323) 981-0081

**Village Learning Center**

4001 N. Mission Road  
Los Angeles, CA 90032

(323) 225-0151

**Vista Nueva Learning Center**

130 S La Fayette Park Place  
Los Angeles, CA 90057

(323) 284-6805