



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: \_\_\_\_\_  
 Preferred Language: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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"/>	<input type="checkbox"/>
Seeking Employment:	<input type="checkbox"/>	<input type="checkbox"/>
Attending School/Vocational Training:	<input type="checkbox"/>	<input type="checkbox"/>
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	Gender	Date of Birth	Is Care Needed?
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

**SECTION 5: MONTHLY INCOME AND SOURCES** (Enter the total amount of monthly income and the source for each parent/guardian in the household before deductions):

	Parent A	Parent B	
Employment:	\$	\$	
CalWORKs (cash aid):	\$	\$	
CalFresh (food stamps)*:	\$	\$	
Child Support:	\$	\$	
Spousal Support:	\$	\$	
State Disability:	\$	\$	
Unemployment:	\$	\$	
Sales/Work Commission:	\$	\$	
Social Security/SSI*:	\$	\$	
Other (specify):	\$	\$	
Foster Care Payment (indicate child name):	\$	\$	<i>*not countable income</i>

Are you currently receiving CalWORKs cash aid?      No      Yes, case number: \_\_\_\_\_

If no, have you received CalWORKs cash aid in the last 2 years?      No      Yes, case number: \_\_\_\_\_

**SECTION 6: ADDITIONAL INFORMATION**

Please indicate any additional information you would like to share. (Example: If your child has a special need, an Individualized Education Plan (IEP)/Individual Family Service Plan (IFSP), an open Child Protective Services case, etc.)

**How did you hear about our programs?**

- |  |                                   |   |  |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Friend            | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Drove/walked by IILA           | <input type="checkbox"/> Child Care Provider             |
| <input type="checkbox"/> Relative          | <input type="checkbox"/> Flyer    | <input type="checkbox"/> I live in the area             | <input type="checkbox"/> I work/go to school in the area |
| <input type="checkbox"/> Staff at the Site | Advertisement                     | <input type="checkbox"/> Other (please indicate): _____ |  |

**If you were referred to IILA, please share the following information:**

First and last name of person who referred you: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if known): \_\_\_\_\_

**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