



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: \_\_\_\_\_

Message 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"/>	<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?**

- Friend       Neighbor       Drove/walked by IILA       Child Care Provider
- Relative       Flyer       I live in the area       I work/go to school in the area
- Staff at the Site       Advertisement       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): \_\_\_\_\_