Please completely fill out application, to ensure that your toddler is placed in various demographics during the lottery selection. Please print neatly or type.

MODESTO JUNIOR COLLEGE
EARLY CARE AND EDUCATION PARENT-TODDLER LABORATORY
Application Period for Open Enrollment: Continuous

A lottery system will be utilized for placement of toddlers in the toddler practicum course utilizing the demographics on the application. The goal is to enroll a diverse group of toddlers that represents the children of Stanislaus County.

MJC Early Care and Education Toddler Lab is now accepting applications for toddlers between the ages of 18 and 30 months.

CLDDV-127, Toddler Practicum (morning session on Tuesday and Thursday): Toddlers enrolling in this laboratory program must be AT LEAST 18 MONTHS OLD BY the first day of the semester in which they begin.

Dates:

Summer 2012 Semester
June – July (approximately 5 weeks)
CLDDV-127 T/W/Th 9:00 – 12:00
Must be 18 months by June 1st

Fall 2012 Semester:
September – December (approximately 11 weeks)
CLDDV-127 T/Th
Must be 18 months by September 1st, 2012

Spring 2013 Semester:
January – April (approximately 11 weeks)
CLDDV-127 T/Th
Must be 18 months by January 7th, 2013

Cost per toddler: $150.00 (Summer), $225.00 (Fall), $225.00 (Spring), Scholarships are available for MJC students.
Payment is required prior to the first day. Payment plans are available.
Diapers to be provided by family.

IF ADMITTED: each semester your toddler is enrolled throughout the academic year (summer, fall and spring), one parent/guardian from each family is required to enroll in, attend, and successfully complete an 8-hour evening class, FAMLF-355X. Parents are required to volunteer in the classroom twice during the semester. Regular MJC tuition and fees apply to this class.

Please call Pam Guerra-Schmidt, 575-6345, if you have any questions.
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MAIL THIS PAGE TO: MJC Early Care and Education Parent-Toddler Laboratory, 435 College Avenue, Modesto, CA 95350 or FAX 209 575-6989

EARLY CARE AND EDUCATION PARENT-TODDLER LABORATORY
Application for Open Enrollment/Lottery System

☐ CLDDV-127 Toddler Summer Session (Tuesday, Wednesday, Thursday)
☐ CLDDV-127 Toddler Fall Session (Tuesday, Thursday)
☐ CLDDV-127 Toddler Spring Session (Tuesday, Thursday)

Toddler’s First/Last Name __________________________ Gender _____ Birth date _______
Toddler’s Primary Address __________________________ City & Zip __________________

Parent (1) Name __________________________ Parent (2) Name __________________________

Home Phone (1) __________________________ Work Phone (1) __________________________ Cell Phone (1) __________________________
Home Phone (2) __________________________ Work Phone (2) __________________________ Cell Phone (2) __________________________

Email address: __________________________ Permanent YCCD Employee? ☐ Yes ☐ No

Number of people living in toddler’s primary home: Adults ______ Children ________

Toddler currently in foster care? ☐ Yes ☐ No Toddler adopted? ☐ Yes ☐ No
Who lives in the primary home with this toddler? Circle all that apply: Mom, Mom, Dad, Dad, Step-Mom, Step-Dad, Grandmother, Grandfather, Aunt, Uncle, Brother(s), Sister(s), Half-Brother(s), Half-Sister(s), Stepbrother(s), Stepsister(s), Cousin(s), Other __________________________

Who does not live in the home but is an important member of this toddler’s life? Circle all that apply: Mom, Mom, Dad, Dad, Step-Mom, Step-Dad, Grandmother, Grandfather, Aunt, Uncle, Brother(s), Sister(s), Half-Brother(s), Half-Sister(s), Stepbrother(s), Stepsister(s), Cousin(s), Other __________________________

Sibling previously enrolled in program? ☐ Yes ☐ No Dates sibling(s) enrolled __________________________

Name of sibling(s) previously enrolled __________________________

Toddler’s first language __________________________ Languages toddler speaks fluently __________________________
Languages spoken in the home: __________________________

Special concerns? (Explain): __________________________

IFSP (Individualized Family Service Plan) ☐ Yes ☐ No Explain: __________________________

Mark one or more ethnic/cultural identities:
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian
☐ Black or African American ☐ White/Caucasian ☐ Bi-racial __________________________
☐ Hispanic or Latino ☐ Other (explain): __________________________

Countries of Origin: __________________________

Religious/Spiritual affiliations: __________________________

Family Income:
☐ under $20,000 ☐ $20,000 – $30,000 ☐ $30,000 - $50,000 ☐ $50,000 - $75,000 ☐ over $75,000
Other information that explains toddler’s unique, diverse characteristics: __________________________

How did you hear about this toddler program? __________________________

Referred by: __________________________ Relationship to referral: __________________________

Is person who referred your family a permanent YCCD employee? ☐ Yes ☐ No

OFFICE USE ONLY: Received ______ Confirmation Letter/Phone Call ______ Date Visited Program ________