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 24 MONTHS OLD BY the first day of the month of the semester they begin.

Dates:
Summer Semester
June – July (approximately 5 weeks)
Must be 24 months by June 1st

Fall Semester:
September – December (approximately 11 weeks)
Must be 24 months by September 1st

Spring Semester:
January – April (approximately 11 weeks)
Must be 24 months by January 1st

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. 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 a 6-hour parenting class through MJC Community Education. Parents are required to volunteer in the classroom twice during the semester.

Please call Pam Guerra-Schmidt, 575-6345, if you have any questions.

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

Application for Open Enrollment/Lottery System Continuous

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

<table>
<thead>
<tr>
<th>Toddler’s First/Last Name</th>
<th>Gender</th>
<th>Birth date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent (1) Name</td>
<td></td>
<td>Parent (2) Name</td>
</tr>
<tr>
<td>Home Phone (1)</td>
<td>Work Phone (1)</td>
<td>Cell Phone (1)</td>
</tr>
<tr>
<td>Home Phone (2)</td>
<td>Work Phone (2)</td>
<td>Cell Phone (2)</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
<td>Permanent YCCD Employee? □ Yes □ No</td>
</tr>
</tbody>
</table>

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

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

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or FAX 209 575-6989

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