



Joy Picus Child Development Center Family Information Sheet

IDENTIFICATION COPY

Parent/Guardian Name: _____

Child's Name: _____

Due Date: _____ Child's DOB: _____

Home Address: _____
 Same as ID Number Street Apt. #

_____ City State Zip Code

Email Address: _____ Add me to the MWPCCC email list.

Phone: _____ Work: _____ Cell: _____
(Area Code) Number (Area Code) Number (Area Code) Number

Employer: City of Los Angeles Other

Department/Employer: _____

Please indicate requested days and hours childcare is preferred:

Preferred Start Date: Mon Tues Wed Thu Fri
_____ Hrs.: _____ Hrs.: _____ Hrs.: _____ Hrs.: _____ Hrs.: _____

WAIT LIST INFORMATION

- Enrollment is based on a first-come, first-served basis.
- There is an \$90.00 **non-refundable** fee to be placed on the waiting list.
- There is a \$155.00 **non-refundable** fee due at the time of enrollment.
- Parents must be City of Los Angeles employees to qualify for the city rates.
- Your waitlist space expires when your child ages out of our program, at 6 years old.
- **The application is fee non-transferrable; it may not be transferred to family members or other children.**

PLEASE MAKE ALL CHECKS PAYABLE TO MWPCCC

----- OFFICE USE ONLY -----

Date Added to Waitlist: _____ CK/MO#: _____ Staff Initial: _____

Tour Date: _____ Time: _____ Toured By: _____

Contact Notes: _____