



## FCCERS TRAINING COHORT 3 APPLICATION FORM Spring 2008

Return completed forms to the County of Los Angeles Office of Child Care, Attention: Michele Sartell via facsimile at (213) 217.5106 or by mail to 222 S. Hill Street, 5<sup>th</sup> Floor, Los Angeles, CA 90012.

**Applications with supporting documents due by Friday, May 9, 2008.**

NAME OF APPLICANT:	_____
PROGRAM NAME:	_____
ADDRESS:	_____
CITY AND ZIP CODE:	_____
TELEPHONE NUMBER:	_____
E-MAIL ADDRESS:	_____

I certify that I am employed in a licensed family child care home (*attached is a copy of my family child home license*) that participates in one of the following (check all that apply):

- Steps to Excellence Project (STEP)
- Family Child Care Home Education Network (FCCHEN)

a. Name of FCCHEN: \_\_\_\_\_

b. FCCHEN Coordinator's Name (please print): \_\_\_\_\_

c. FCCHEN Coordinator's Signature: \_\_\_\_\_

- Alternative Payment (AP) Program

*Attached are current payment invoices listing the children from the following agencies: (Payment invoices must be copies of official printouts from the funding agencies.)*

a. Number of children currently enrolled in your family child care home: \_\_\_\_\_

b. Number of children subsidized: \_\_\_\_\_

c. Name of AP (check all that apply):

- |                                                                          |                                                                            |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Center for Community and Family Services (CCFS) | <input type="checkbox"/> Department of Children and Family Services (DCFS) |
| <input type="checkbox"/> Child Care Information Service (CCIS)           | <input type="checkbox"/> Drew Child Development Corporation                |
| <input type="checkbox"/> Child Care Resource Center (CCRC)               | <input type="checkbox"/> International Institute of Los Angeles            |
| <input type="checkbox"/> Children's Home Society of California (CHS)     | <input type="checkbox"/> Mexican American Opportunity Foundation (MAOF)    |
| <input type="checkbox"/> City of Norwalk                                 | <input type="checkbox"/> Options                                           |
| <input type="checkbox"/> Connections for Children                        | <input type="checkbox"/> Pathways                                          |
| <input type="checkbox"/> Crystal Stairs, Inc.                            | <input type="checkbox"/> Pomona Unified School District Child Development  |

FCCERS Applicant Signature: \_\_\_\_\_