

## **STUDENT FAMILIES POLICIES**

Student parents can receive child care for a limited period during the time they are in school and/or attending a training institution enrolled in a vocational training leading directly to a recognized trade, paraprofessional, or profession. Approved child care hours will be based upon the current training schedule. Parents must submit verification of training *before* child care hours can be approved. Student parents are also required to complete a professional/vocational goal sheet.

Effective 7/1/08, child care services for students are limited to a maximum of six years from the date a parent began receiving child care services as a student or 24 units after the completion of a Bachelor's degree, whichever occurs first. In order to continue receiving child care services as a student, student parents must also demonstrate that they are making satisfactory progress toward their professional/vocational goal and meet all other program requirements.

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### **As a parent requesting child care services for school/training, I understand that:**

(Parent Initials)



\_\_\_\_\_ 1. I must submit a signed training verification form with the registrar's signature or official stamp to verify enrollment and school hours. Proof of school registration may be acceptable for a limited time, however, I must submit a signed and stamped training verification by the indicated due date. Training verifications will not be accepted if:

- they have been altered or do not appear valid
- time and days of the enrolled classes are not filled out completely and properly
- I have not signed the form, or the form has not been signed and/or stamped by the registrar of the college or by the program director of the training institution
- the closing date of the semester/term is not clearly stated on the training verification.

\_\_\_\_\_ 2. I may not exceed the use of child care during the certification period nor may I exceed the specified days and hours stated on the Notice of Action and the certificate for child care services without prior approval from Pathways.

\_\_\_\_\_ 3. Child care for school hours is granted for a maximum of six years from my initial approval of child care services as a student (beginning 7/1/08) or a maximum of 24 units or its equivalent after receiving a Bachelor's degree, whichever comes first. Time will not be deducted for periods for which I receive child care services for other reasons such as employment, or periods of ineligibility for child care.

\_\_\_\_\_ 4. I am responsible for submitting grades as proof that I am making satisfactory progress toward my professional/vocational objective during my recertification period which will occur no less

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than 12 months from my certification date. Pathways may require an official copy of my progress report to be sent directly and/or verify any information that is submitted

\_\_\_\_\_ 5. Satisfactory progress is defined as a 2.0 Grade Point Average or better per term in a graded program or pass the requirements in at least 50% of the classes in a non-graded program. If I fall below this standard, I will be placed on probation for no less than 12 months following my recertification. If after the probationary period my progress is still unsatisfactory, my child care services will be terminated. In addition, I will not be eligible for child care services while training for 6 months from the date of termination.

\_\_\_\_\_ 6. If I decide to change my professional/vocational goal, I must submit the change in writing during my recertification and complete a new professional/vocational goal sheet.

\_\_\_\_\_ 7. Pathways will not approve child care services for the same course twice (repeated courses) due to failure or unsatisfactory grade.

\_\_\_\_\_ 8. I must report all types of financial aid provided to me by the college (i.e. Pell grants, work study programs, etc.) If I am an EOP student, I must also report any and all information regarding veteran's benefits, unemployment insurance, or part-time jobs.

\_\_\_\_\_ 9. I may request additional hours of child care to study. I am eligible for two hours per week per academic unit. I will not be given study time for non-academic courses.

\_\_\_\_\_ 10. For on-line or televised instructional courses that are unit bearing classes, I will be granted one hour a week for each unit as class time. I will need to submit a copy of the syllabus or other class documentation for all on-line courses.

\_\_\_\_\_ 11. I understand that the accreditation body of the training institution shall be among those recognized by the United States Department of Education.

This is to verify that I have received a copy of the Student Policy and I have been informed of my obligations as a student parent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

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## PROFESSIONAL/VOCATIONAL GOAL SHEET

1. Parent Name: \_\_\_\_\_
2. Education or Training School/Institute: \_\_\_\_\_
3. Main education or training goal: (Please choose only one)
  - Prepare for a new career (acquire new job skills)
  - Advance in current job/career (update job skills)
  - Improve basic skills in English, Reading, or Math
  - Complete credits for High School Diploma or GED
  - Obtain a Vocational Certificate
  - Other (Please specify): \_\_\_\_\_
  - Obtain a two-year Vocational Degree
  - Obtain a two-year Associate Degree
  - Obtain a Bachelor's Degree
  - Obtain a Master's Degree
  - Maintain a certificate/license (e.g. nursing)
4. Field of study: \_\_\_\_\_
5. Career goals upon completion of education: \_\_\_\_\_  
\_\_\_\_\_
6. Anticipated date of completion: \_\_\_\_\_

**I fully understand and agree to the terms of this agreement and will comply with the rules and regulations as a student family. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Progress/GPA: \_\_\_\_\_

Date Child Care for Training Began: \_\_\_\_\_

Date Child Care for Training Will Expire: \_\_\_\_\_

Notes: \_\_\_\_\_

Specialist Signature: \_\_\_\_\_

## Request for Study Time

Parent Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

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Semester/Quarter Start Date: \_\_\_\_\_  
 Semester/Quarter End Date: \_\_\_\_\_  
 Total # of units enrolled: \_\_\_\_\_

Parents in an approved training activity are eligible to receive child care services for study time. If you choose to request study time hours please indicate below the day/s and time that you are requesting.

According to program regulations, Title 5 18087(k)(2), study time, including study time for on-line and televised instructional classes, may be requested for up to two hours per week per academic unit in which the parent is enrolled.

Study time must be approved in writing by a Program Specialist. Hours will be approved based on reasonability of schedule requested, up to the maximum allowed.

I, \_\_\_\_\_ am requesting study time during the following periods:

	DAY	START TIME	END TIME
1.			
2.			
3.			
4.			
5.			
6.			

Please check this box if your study time hours will be on a variable schedule.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

\_\_\_\_\_  
 Signature Date

**Request for Travel Time**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**In order to assist us in assessing your child care needs, please indicate the following:**

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Title 5 18086(e)(1) – travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day.

Title 5 18087(k)(1) – travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day.

Your provider's address: \_\_\_\_\_  
street address

\_\_\_\_\_ city zip code

(if more than one, please indicate): \_\_\_\_\_  
street address

\_\_\_\_\_ city zip code

Your final destination: \_\_\_\_\_  
street address

\_\_\_\_\_ city zip code

Your method of transportation (circle):

Car Bus Train Walk other: \_\_\_\_\_

The amount of travel time you are requesting *from provider to activity* way: \_\_\_\_\_ minutes

The amount of travel time you are requesting *from activity to provider* way: \_\_\_\_\_ minutes

Please explain why you are requesting this amount of transportation:

\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America and the State of California at the information in this statement of facts is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Travel time was verified via: \_\_\_ Google Maps \_\_\_ Metro.net \_\_\_ Other: \_\_\_\_\_

Amount of travel time granted: \_\_\_\_\_ minutes **to** activity \_\_\_\_\_ minutes **from** activity \_\_\_\_\_

I attest this travel time is reasonable and therefore approve it: Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

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