

# CHILDREN'S VILLAGE ENROLLMENT APPLICATION 3/2010

Child's Name

Child's Date of Birth

Age

I would like to enroll a brother or sister of this child, too. **[COMPLETE A FULL APPLICATION FOR EACH CHILD]**

Name of sister/brother

Sister/brother's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of sister/brother

Sister/brother's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I will wait until there are enough openings to enroll all of my children at once.

I would be willing to enroll one child before another if openings occur one at a time.

## PARENT(S) IN THE CHILD'S HOME

Name of Parent		
Relationship to Child		
Employer or School		
Employer or School Address		
Employer or School Phone		
Work or School Hours	From _____ To _____	From _____ To _____
Cell Phone		
e-mail		
Fluent Language(s) (circle)	English Cantonese Mandarin Fujianese Spanish Other: _____	English Cantonese Mandarin Fujianese Spanish Other: _____

Family Home Address (Street, City, State, Zip)

Family Home Phone Number

## ✓ PROGRAM

<b>Toddler</b> (from 13 months until Sept. 1 <sup>st</sup> following 3 <sup>rd</sup> birthday)	<p><b><u>FULL-TIME TODDLER</u></b></p> <ul style="list-style-type: none"> <li>Monday through Friday</li> <li>full child care day (6:30 am - 6:00 pm - may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>funding options: full fee (325/wkly for 1-yr-olds, 306.25/wkly for toddlers over the age of 2) or CCIS subsidized (sliding scale co-pay)</li> <li>parents charged for up to 15 school closings</li> </ul>
	<p><b><u>PART-TIME TODDLER</u></b></p> <p>o 2 or 3 days a week, circle days for which you need care:      <b>M</b>      <b>Tu</b>      <b>W</b>      <b>Th</b>      <b>F</b></p> <p>(availability depends upon another applicant needing opposite days; if you can be flexible about which days, indicate this)</p> <ul style="list-style-type: none"> <li>full child care day (6:30 am - 6:00 pm - may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>funding options: full fee only (two days: 165/wkly for 1-yr-olds, 152.50/wkly for toddlers over the age of 2; three days: 222.50/wkly for 1-yr-olds, 210/wkly for toddlers over the age of 2)</li> <li>parents not charged for school closings</li> </ul>
<b>Preschool</b> (from Sept. 1 <sup>st</sup> following 3 <sup>rd</sup> birthday until 5 years)	<p><b><u>FULL-TIME PRESCHOOL</u></b></p> <ul style="list-style-type: none"> <li>Monday through Friday</li> <li>full child care day (6:30 am - 6:00 pm - may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>funding options: full fee (250/wkly), CCIS subsidized (sliding scale co-pay), Pre K Counts subsidized (150/wkly Sept to June, 250/wkly in the summer)</li> <li>parents charged for up to 15 school closings</li> </ul>
	<p><b><u>PART-DAY PRESCHOOL</u></b></p> <ul style="list-style-type: none"> <li>Monday through Friday</li> <li>6:30 am - 3:30 pm, Sept to June</li> <li>funding options: full fee (200/wkly), FREE to families eligible for Head Start or Pre K Counts (complete separate application for these two funding streams)</li> <li>closed all days the Philadelphia Public Schools are closed, noon dismissals when the Philadelphia Public Schools close early, all paid except for winter and spring holiday weeks</li> </ul>

**School-Age**  
(K - 3<sup>rd</sup> grade)

**YEAR ROUND SCHOOL-AGE**

- o Monday through Friday, year round
- o after-school until 6:00 pm while school is in session September through June
- o full child care day (6:30 am - 6:00 pm - may arrive as early as 6:30 am or stay as late as 6:00 pm) on days your child's elementary school is closed and CV is open
- o parents charged for up to 15 school closings
- o funding options: full fee (168.75/wkly Sept through June, 212.50/wkly in the summer), CCIS subsidized (sliding scale co-pay)

My child's elementary School: \_\_\_\_\_

**SUMMER-ONLY SCHOOL-AGE**

- o Monday through Friday, summer only
- o full child care day (6:30 am - 6:00 pm - may arrive as early as 6:30 am or stay as late as 6:00 pm)
- o five school closings per summer
- o funding options: full fee (212.50/wkly in the summer), CCIS subsidized (sliding scale co-pay)
- o My child needs summer care from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**√ PAYMENT METHOD (check one)**

<input type="checkbox"/>	I would pay the full fee (see above).
<input type="checkbox"/>	I would pay the full fee until subsidy becomes available.
<input type="checkbox"/>	I am on the waiting list for subsidized day care. Agency: _____ Application Date: _____ Approval Date (if known): _____
<input type="checkbox"/>	I am receiving subsidized day care with another provider and would be interested in a transfer to Children's Village. Agency: _____ Worker: _____
<input type="checkbox"/>	I am interested in the Head Start or Pre K Counts subsidy so my child can attend the 6:30 am - 3:30 pm class for free (Sept to June). [Attached is my Eligibility Application for Head Start or Pre K Counts and current income documentation.]
<input type="checkbox"/>	I am interested in the Pre K Counts subsidy for full-time preschool (Sept to June). [Attached is my Eligibility Application for Head Start or Pre K Counts.]

**√ OPTIONAL: MY CHILD HAS SPECIAL NEEDS. (Describe any precautions, services or provisions required for the child's care.)**


**√ PRIORITY ENROLLMENT (The waiting list is not strictly in order of application date. Read ahead to see if any of these priority enrollment criteria apply to you.)**

<input type="checkbox"/>	I am a Children's Village employee.
<input type="checkbox"/>	This child was enrolled at Children's Village previously. [from ____/____/____ to ____/____/____]
<input type="checkbox"/>	This child is a sibling of a currently enrolled child. [Enrolled child's name: _____]
<input type="checkbox"/>	I will pay the full fee for the duration of my child's enrollment.
<input type="checkbox"/>	I would be interested in applying to participate in Head Start or the Pre K Counts program. (Complete and return the Eligibility Application for Head Start or Pre K Counts. Be sure to include income documentation.)

**DESIRED ENROLLMENT DATE**

<input type="checkbox"/>	IMMEDIATELY
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	I am applying for short-term enrollment (less than three months) from ____/____/____ to ____/____/____.

**APPLICANT SIGNATURE**

<b>X</b> _____	<b>DATE</b>
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**OFFICE USE ONLY**
