

The Child Care Tuition Scholarship Application

Please complete one application for each child

***PLEASE COMPLETE OTHER SIDE →**

Name of Child _____ Date of Birth _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Mother's Home Address: Street _____ Apt # _____

City _____ State _____ Zip _____

Father's Home Address: Street _____ Apt # _____

City _____ State _____ Zip _____

Mother's Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Father's Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Are you currently employed? Yes No Annual Household Income: \$ _____

Permission granted for CCRR to survey employer(s) to assess benefit of program participation

Mother's Employer _____

Address _____ Employer's Phone Number _____

Father's Employer _____

Address _____ Employer's Phone Number _____

Do you currently have a child care Provider or Program? Yes No

Name of child care provider **and** program _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Program Director _____

Days **and** hours your child attends _____

Tuition _____ Hourly, Daily, Weekly or Monthly _____

***Please submit required documentation for each parent in order to determine income eligibility for the Child Care Tuition Scholarship. Application must be completely filled out to enter lottery.**

- Copy of 2016 Federal Tax Return
- 4 Weeks of Pay Stubs
- Letter from employer stating length of employment, days, hours and salary
- Proof of disability income and/or unemployment insurance if applicable

***If you have not filed a Federal Tax Return and do not have proof of income, please submit the following:**

- Letter from employer stating length of employment, days, hours and salary
- Letter from you indicating unemployment status

If you need help completing this application see your child care provider/program or call Christina Espindola
845-425-0009 x 610.

Signature _____ Date _____

Submit your application and proof of eligibility to:
Christina Espindola, Resource & Referral Coordinator
Child Care Resources of Rockland, Inc.
235 North Main Street, Suite 11
Spring Valley, NY 10977
(845) 425-0009 x610
Fax: (845) 425-5312
christinae@rocklandchildcare.org

For Official Use Only

Application sent: _____
Completed application received: _____
Effective Date: _____
Program Contact Person: _____
Date Agreement Sent: _____
Date Agreement Received: _____

Child Care Tuition Scholarship Survey

Please complete the following questionnaire

1. Is your child currently in a child care program? Yes No
2. Why does your child need child care?
3. Would you change your child care program, if you qualified for the Child Care Tuition Scholarship? Yes No (If yes, explain why in the comment section below.)

4. How many children are in your family? _____
List their ages _____

5. How many need child care? _____

6. How did you learn about the Child Care Tuition Scholarship Program? Check the box(es) below:

United Way ___ Newspaper ___ Child Care Provider ___

Friend ___ House of Worship ___ Family Resource Center _____

DSS ___ Child Care Resources of Rockland ___ CCRR Website _____

Other _____

7. Age of Parent(s)/Legal Guardian(s) (check the appropriate box)

Age	Mother	Father
13-19		
20-34		
35-54		
55 and above		

Comments:

(Please complete the application on the other side)



235 N. Main St., Ste.11 / Spring Valley, NY 10977
Phone (845) 425-0009 Toll Free (877) 425-0009 Fax (845) 425-5312
Business Hours: Mon-Fri 8:30am-5:00pm
Email info@rocklandchildcare.org
Website www.childcarerockland.org

Find Us On:   

