

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 2019 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 children need child care? _____
6. Age of Parent(s) Legal Guardian(s). Check the appropriate box below.

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

7. How did you learn about the Child Care Tuition Scholarship Program? Check all that apply:

United Way		DSS	
Newspaper		Friend	
House of Worship		Family Resource Center	
Child Care Provider		CCRR Website	
Child Care Resources of Rockland		Other	

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
info@rocklandchildcare.org
childcarerockland.org



Early Care &
Learning Council
Rockland County Office



Child Care Aware® of America Member