



125 N. 8th Street, Philadelphia, PA 19106  
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**March 2017 Children's Village Enrollment Application**

**Child's Name**

**Child's Date of Birth** **Age**

Siblings of the applicant named above:		date of birth	I have submitted an application for this sibling:
<input type="checkbox"/>	sister/brother:	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO, I'll apply later <input type="checkbox"/> NO, I will not
<input type="checkbox"/>	sister/brother:	____/____/____	<input type="checkbox"/> YES <input type="checkbox"/> NO, I'll apply later <input type="checkbox"/> NO, I will not
<input type="checkbox"/> I will wait until there are enough openings to enroll all of my children at once.			
<input type="checkbox"/> I would be willing to enroll one child before another if openings occur one at a time.			

**HOME ADDRESS, HOME PHONE, AND WORK/SCHOOL INFORMATION FOR PARENT(S) IN THE CHILD'S HOME**

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

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

**Family Home Phone Number**  Yes, we have a land line at home. The phone number is:  
 \_\_\_\_\_  
 We have no land line at home. We are only available by cell or work/school numbers indicated below:

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

**√ PROGRAM**

<b>Toddler</b> (from 13 months until Sept. 1st following 3rd birthday)	<b>FULL-TIME TODDLER</b> <input type="checkbox"/> <b>Monday through Friday</b> <input type="checkbox"/> <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm) <input type="checkbox"/> funding options: full fee from 7/1/17 through 6/30/18: (390.75/wkly for 1-yr-olds, 368.50/wkly for toddlers over the age of 2) or CCIS subsidized (sliding scale co-pay) <input type="checkbox"/> parents charged for up to 10 school closings
	<b>PART-TIME TODDLER</b> <input type="checkbox"/> <b>2 or 3 days a week</b> , circle days for which you need care: <b>M Tu W Th F</b> (availability depends upon another applicant needing opposite days; if you can be flexible about which days, indicate this) <input type="checkbox"/> <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm) <input type="checkbox"/> funding options: full fee only; full fee from 7/1/17 through 6/30/18: (two days: 234/wkly for 1-yr-olds, 220/wkly for toddlers over the age of 2; three days: 294.75/wkly for 1-yr-olds, 274.25/wkly for toddlers over the age of 2) <input type="checkbox"/> parents not charged for school closings
	<input type="checkbox"/> <b>Notify me of the next availability for my child's age – either full- or part-time, whichever comes first.</b>

<b>Preschool</b> (from Sept. 1 <sup>st</sup> following 3 <sup>rd</sup> birthday until 5 years)	<p><b>FULL-TIME PRESCHOOL</b></p> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o funding options: full fee from 7/1/17 through 6/30/18: (325/wkly), Pre K Counts subsidized (180/wkly Sept to June, 325/wkly in the summer), CCIS subsidized (sliding scale co-pay) – CCIS preschoolers participate in Head Start or PreK Counts at Children's Village, CCIS preschoolers not participating in Head Start or PreK Counts pay \$5 weekly high-quality surcharge</li> <li>o parents charged for up to 10 school closings</li> </ul>
	<p><b>PART-DAY PRESCHOOL</b></p> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>6:30 am – 3:30 pm, Sept to June (Philadelphia Public School Calendar)</b></li> <li>o funding options: full fee from 7/1/17 through 6/30/18: (275/wkly), FREE to families eligible for Head Start or Pre K Counts (complete separate application for these two funding streams)</li> <li>o 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>
<b>School-Age</b> (K – 6 <sup>th</sup> grade)	<p><b>YEAR ROUND SCHOOL-AGE</b></p> <ul style="list-style-type: none"> <li>o <b>Monday through Friday, year round</b></li> <li>o <b>after-school until 6:00 pm</b> while school is in session September through June</li> <li>o <b>full child care day</b> (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</li> <li>o parents charged for up to 10 school closings</li> <li>o funding options: full fee from 7/1/17 through 6/30/18: (187/wkly Sept through June, 246/wkly in the summer), CCIS subsidized (sliding scale co-pay)</li> </ul> <p><b>My child's elementary School:</b></p>
	<p><b>SUMMER-ONLY SCHOOL-AGE</b></p> <ul style="list-style-type: none"> <li>o <b>Monday through Friday, summer only</b></li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o five school closings per summer</li> <li>o funding options: full fee from 7/1/17 through 6/30/18: (246/wkly in the summer), CCIS subsidized (sliding scale co-pay)</li> <li>o My child needs summer care from ____/____/____ to ____/____/____</li> </ul>

The weekly meal fee for all age groups is \$45, or \$9 per day. Families may apply for free or reduced-price (\$4.25 weekly) meals.

**√ PAYMENT METHOD (check one)**

<input type="checkbox"/>	I would pay the full fee (see above) for the duration of my child's enrollment.
<input type="checkbox"/>	I would pay the full fee until subsidy becomes available. (Note that this does NOT qualify applicants for the 'private-pay enrollment priority'.)
<input type="checkbox"/>	I am on the waiting list for CCIS subsidized day care. Agency: _____ Application Date: _____ Approval Date (if known): _____
<input type="checkbox"/>	I am receiving CCIS 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 <b>6:30 am – 3:30 pm</b> class for free (Sept to June). <b>[Attached is my Eligibility Application for Head Start or Pre K Counts and current income documentation.]</b>
<input type="checkbox"/>	I am interested in the Pre K Counts subsidy for <b>full-time preschool</b> (The 7/1/17 – 6/30/18 weekly rate is \$180 from September until the last day of the public school calendar in June). <b>[Attached is my Eligibility Application for Head Start or Pre K Counts.]</b>

**√ OPTIONAL: MY CHILD HAS SPECIAL NEEDS.** (Describe any precautions, services or provisions required for the child's care, including information about your child's IFSP or IEP, if applicable.)

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**√ 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 living in the same household 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 have applied to participate in the Head Start or the Pre K Counts program. (Complete and return the Eligibility Application for Head Start or Pre K Counts. Current, approved income documentation is required in order to determine eligibility for either program.)

**DESIRED ENROLLMENT DATE**

<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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