

EARLY LEARNING CHILDCARE APPLICATION



Required Information: In order to keep our files current, we need the following information **FOR EACH CHILD** even if they have attended an ELC program in the past!!!

Children's Information

Child's Name: _____ DOB: _____ Age: _____

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Child's Name: _____ DOB: _____ Age: _____

Child's Name: _____ DOB: _____ Age: _____

Child's Name: _____ DOB: _____ Age: _____



Early Learning Childcare Application Agreement

Parent's Name: _____

Child/ren: _____

Early Learning Childcare Program:

By accepting this financial scholarship to provide childcare to my child/ren, I agree to pay on time the remainder of the cost for the program not covered by Indian River Habitat for Humanity. I agree to pick my children up on time from their ELC program. I agree to give Habitat for Humanity a copy of my child's progress report and give IRHFH permission to inquire on my child's/children's attendance at their program. If my child misses more than 5 days a month in the ELC program without a reasonable excuse i.e. prolonged illness, tutoring, mentoring my financial assistance will be terminated. I understand that in return for this ELC assistance, IRHFH will be receiving quarterly progress reports on my child's attendance and behavior, and I give my permission for them to do so. I also give Indian River Habitat permission to take photos of my children during the ELC program to use for promotion of the program and for supporting documents in future grants. I understand that if my home goes into a deed in lieu or into foreclosure proceedings, I lose the privilege of receiving ELC financial assistance from Indian River Habitat. I will be solely responsible for the complete (100%) monthly payments of the childcare services for my children if any of these occur. I understand that if my child violates the rules of the ELC program, and he/she gets terminated from the program we will have to reapply for financial assistance for any other program and prove that the issue has been resolved.

Parent Signature _____ Date _____



APPLICATION

Homeowner Name: _____

Email Address: _____

Phones #cell: _____

Place of Employment: _____

ELC Program Information

Name of Program you wish your child/children to attend:

Willingness to Partner

By signing this statement, I agree to the following:

- Habitat for Humanity (HFH) is not liable for any circumstances that may arise at the early learning childcare program.
- I understand that HFH will only subsidize up to 75% up to \$115.00 of the cost of my Early Learning Childcare for EACH child in my legal care and that I am responsible for the balance.
- I agree that my child/children's attendance records will be disclosed to HFH for data purposes.
- I will provide a copy of my child's progress report at the end of each school year.

Homeowner Signature

Date