

Childcare Assistance Application

Application Date: _____

Applying for Assistance: **Certified Childcare** **NON-Certified Childcare** **ECEC Childcare**

I. Student/Applicant Contact Information:

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Message/Cell Phone: (_____) _____ - _____

II. Student/Applicant Employment Information:

Are you currently employed: Yes No

If you answered “yes”, Please providing the following information:

Name of Employer: _____

Work Phone: (_____) _____ - _____

Days/Hours of employment: Sun. _____ - _____ Mon. _____ - _____ Tues. _____ - _____ Wed. _____ - _____

Thurs. _____ - _____ Fri. _____ - _____ Sat. _____ - _____

III. Student/Applicant’s Child(ren)Information:

Please list Full Name and Date of Birth for each child receiving childcare:

(*Per Program Policy: program will only pay childcare for children up to 12 yrs of age)

Child 1: _____ DOB: ____/____/____ Child 5: _____ DOB: ____/____/____

Child 2: _____ DOB: ____/____/____ Child 6: _____ DOB: ____/____/____

Child 3: _____ DOB: ____/____/____ Child 7: _____ DOB: ____/____/____

Child 4: _____ DOB: ____/____/____ Child 8: _____ DOB: ____/____/____

Official Use Only:

Advisor verification of all children’s birth certificates on file: _____ Staff Initials _____ Date

Complete Info Below only if selected "Certified Childcare"

IV. Contact Information – Certified Childcare Provider:

Name of Childcare Provider /Center: _____

Center Director's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Provide the Following Documents: (program staff to verify/initial upon receipt)

_____ **Billing Information**

- Rates for children to attend
- Registration Fee
- Other required fees

_____ **W9 Form for Childcare Center/Provider**

- Childcare Center – Program will obtain information.
- Individual Childcare Provider (Certified) – submit W9 w/ application

_____ **Individual Childcare Providers (Certified):**

Individuals claiming to be certified Childcare Providers **MUST** submit the following document:

- Proof of DES Certification/License

Official Use Only:

Staff must verify that required documents have been submitted.

_____ Staff Initials

Complete Info Below only if selected "NON-Certified Childcare"

V. Contact Information – NON Certified Childcare Provider:

Name of Childcare Provider: _____

Relationship to Student/Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Msg. Phone: (_____) _____ - _____

Provide the Following Documents:

_____ **Childcare Waiver Form**

- Completed & by both student and provider

_____ **W9 Form for Childcare Provider**

- Must be completed by the provider
- Signed by the provider

Official Use Only:

Staff must verify that required documents have been submitted.

_____ Staff Initials

Provide information only if selected "ECEC Childcare"

VI. SRPMIC- Early Childhood Education Center

The SRPMIC-Post Secondary & Adult Education Program works directly with the SRPMIC-Early Childhood Education Center (ECEC). Please provide the following documents after your child and/or children have been admitted into ECEC.

Provide the Following Document(s):

_____ **ECEC Childcare Contract – Tuition Agreement**

- Parent & child's name
- Childcare Rates

Official Use Only:

Staff must verify that required documents have been submitted.

_____ Staff Initials

VII. Childcare Liability Waiver

I, _____ agree to provide childcare for _____. The
(Childcare Provider's Name – Print) (Parent/Guardian – Print)

Child and/ or children who will be under my care have been listed under part (III) of this application.

I understand the SRP-MIC Post Secondary & Adult Education Program will provide payment for my services. The program will be excluded from liability for any incidents that may occur while the child and/or children are under my care (or the care of the childcare center). Further, my signature appearing on this waiver was done of my own free will without coercion. I further agree that by signing this waiver that I hold harmless the SRP-MIC Post Secondary & Adult Education Staff and SRPMIC for any mishaps, poor service, and or neglect. ***Childcare will be provided for children 12 years and younger and/or dependants with special needs, as described in the Code of Federal Regulations, Title 45-Public Welfare, Part 98, Section 20.***

Print Full Name, Title

Signature, Service Provider

Date

Print Full Name, Parent/Guardian

Signature, Parent/Guardian

Date

VIII. Terms & Agreement

The SRP-MIC Post Secondary & Adult Education Program will pay the applicant's (approved program participant/student) childcare expense while he/she is actively attending school. The student's childcare expense will be paid for days the student is scheduled to attend class, including the allotted time for study. The class times and allotted time for study shall be disclosed to the student's advisor upon the start of each academic/vocational term. Under no circumstance shall the program pay childcare providers who are the legal parent/guardian of the children listed in part (III) of this application. Any falsification of documents or misuse of childcare privileges will result in the automatic termination of childcare payments made on behalf of the student.

I have read the above statement and understand my obligations to adhere to the Salt River Pima-Maricopa Indian Community Post Secondary & Adult Education Program childcare policy. I have completed the application accurately and to the best of my ability. I hereby certify that the information I have given is true and complete to the best of my knowledge. Any deliberate submission of false information or omission of relevant information will be grounds for immediate suspension of childcare services paid by the SRPMIC Post Secondary & Adult Education Program for period of (2) years.

Print Full Name - Student/Applicant

Signature - Student/Applicant

Date

Print Full Name, Parent/Guardian
(If under 18 yrs of age)

Signature, Parent/Guardian
(If under 18 yrs of age)

Date

Please return application to the SRPMIC-Post Secondary & Adult Education Program, if you have any questions call (480) 362-2541 or (480) 362-2547.
