

PARK PLACE LEARNING CENTER
AREA IV CHILD CARE
904 City Park Loop
Monticello IN 47960
765-447-7683 option #4

Date received by Area IV

ENROLLMENT APPLICATION

Please complete this form **completely and accurately**. All information will be kept confidential.

Section I-General Information

Child's Name _____ / _____
First Middle Last Nickname

Date of Birth _____ Gender (Sex): M or F
(Please attach Birth Certificate copy)

Name of Child's Custodial Parent/Foster parents or Guardian: _____
(Foster parents and guardians should attach documentation)

Home: _____ / _____ / _____ / _____
Address of child's residence City State Zip Code

Contact Info: _____ / _____ / _____ / _____
Parent phone (~do you text?~) Work Phone Message Phone Email Address

Mail (if different): _____ / _____ / _____ / _____
Address City State Zip Code

Place of employment: _____
Name
_____ / _____ / _____ / _____
Address City State Zip Code
_____ Telephone

Name of Child's Other Parent/Foster parents or Guardian: _____

Home: _____ / _____ / _____ / _____
if different from above City State Zip Code

Contact Info: _____ / _____ / _____ / _____
Parent phone (~do you text?~) Work Phone Message Phone Email Address

Place of employment: _____
Name
_____ / _____ / _____ / _____
Address City State Zip Code
_____ Telephone

Date child care needs to begin: _____ Hours child care is needed due to work/school schedule plus travel time: _____

Documents needed at time of enrollment:

- **Child's Birth Certificate**
- **Physical Exam**
- **Immunization Record**
- **Work/School Schedule**
- **Legal documents (Divorce/Custody/Guardianship/Protective Orders), as applicable**
- **IEP/FGP/IFSP, as applicable (child disability info)**

Do you participate in the CCDF voucher program?

Yes

No

What language is most often spoken at home? _____

Special Needs (adversely affecting learning)

None Suspected

	Suspected	IEP/IFSP Diagnosed	Evaluated by & date:
Speech/Language/Communication Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Severe Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Severe Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Retardation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional/Behavior Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____

Transportation included in IEP? Yes

No

Participated in First Steps Yes

No

IEP or FGP (IFSP) complete? Yes (please attach a copy)

No

How well does the child speak English: Very well Well Not well Not at all

1. Does any of your child's behavior worry you? No _____ Yes _____ Description _____

2. Does your child follow directions? No _____ Yes _____

3. Are you worried your child isn't able to do things the way other children their age do? No _____ Yes _____

4. Are you able to understand what your child says? No _____ Yes _____

ALLERGIES: No _____ Yes _____

To What: _____

Their reaction: _____

Other Programming

If child attends another program during the day, name of school/program:

_____ phone: _____

Details of transportation to and from other programming:



Area IV Park Place Learning Center Income Declaration Form

Family Surname(s): _____ Family Size: _____

Child's Name: _____ Date of Birth _____ Current age: _____

TOTAL ANNUAL **UNEARNED** FAMILY INCOME (Child Support; TANF; Disability; Unemployment): \$ _____

(+)

TOTAL ANNUAL **EARNED** FAMILY INCOME: \$ _____

(=)

TOTAL ANNUAL FAMILY INCOME: \$ _____

Family Size	100% Annual FPL	125% Annual FPL	175% Annual FPL	250% Annual FPL	325% Annual FPL	400% Annual FPL	475% Annual FPL
1	\$12,490	15,613	21,858	31,225	40,593	\$49,960	59,328
2	\$16,910	21,138	29,593	42,275	54,958	\$67,640	80,323
3	\$21,330	26,663	37,328	53,325	69,323	\$85,320	101,318
4	\$25,750	32,188	45,063	64,375	83,688	\$103,000	122,313
5	\$30,170	37,713	52,798	75,425	98,053	\$120,680	143,331
6	\$34,590	43,238	60,533	86,475	102,668	\$138,360	164,303
7	\$39,010	48,763	68,268	97,525	126,783	\$156,040	185,298
8	\$43,430	54,288	76,003	108,575	141,148	\$173,720	206,293

Family Annual FPL _____ %

Classroom A- 18 months-2 Yrs	
Percent Poverty Level	Weekly Fee Amount
Below 100%	\$115.00
100-174%	\$120.00
175-249%	\$125.00
250-324%	\$130.00
325-399%	\$135.00
400-475%	\$145.00
476% or above	\$203.00

Classroom B- 3-5 Yrs	
Percent Poverty Level	Weekly Fee Amount
Below 100%	\$115.00
100-174%	\$120.00
175-249%	\$125.00
250-324%	\$130.00
325-399%	\$135.00
400-475%	\$145.00
476% or above	\$196.00

Family Fee \$ _____

By my signature below, I hereby certify all the information provided is true and correct to the best of my knowledge. I understand I may be requested to verify this income declaration and give my consent to Area IV Agency to make any necessary contact to verify income declaration. I understand my deliberate failure of misrepresentation in this declaration may result in verification and an adjustment in fees.

Parent Signature _____

Date _____