

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	500% Annual FPL
1	\$15,650	\$19,563	\$27,388	\$39,125	\$50,863	\$60,600	\$78,250
2	\$21,150	\$26,438	\$37,013	\$52,875	\$68,738	\$84,600	\$105,750
3	\$26,650	\$33,313	\$46,638	\$66,625	\$86,613	\$106,600	\$133,250
4	\$32,150	\$40,188	\$56,263	\$80,375	\$104,488	\$128,600	\$160,750
5	\$37,650	\$47,063	\$65,888	\$94,125	\$122,363	\$150,600	\$188,250
6	\$43,150	\$53,938	\$75,513	\$107,875	\$140,238	\$172,600	\$215,750
7	\$48,650	\$60,813	\$85,138	\$121,625	\$158,113	\$194,600	\$243,250
8	\$54,150	\$67,688	\$94,763	\$135,375	\$175,988	\$216,600	\$270,750

Family Annual FPL _____ %

Classroom A- 18 months-2 Yrs Percent Poverty Level	Weekly Fee Amount
Below 100%	\$125.00
100-174%	\$140.00
175-249%	\$145.00
250-324%	\$170.00
325-399%	\$220.00
400-499%	\$270.00
500% or above	\$365.00

Classroom B- 3-5 Yrs Percent Poverty Level	Weekly Fee Amount
Below 100%	\$125.00
100-174%	\$140.00
175-249%	\$145.00
250-324%	\$150.00
325-399%	\$155.00
400-499%	\$165.00
500% or above	\$256.00

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