

**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

Severe Visual Impairment

Severe Hearing Impairment

Orthopedic Impairment

Health Impairment

Mental Retardation

Emotional/Behavior Disorder

Learning Disability

Autism

Traumatic Brain Injury

Physical Disability

Developmental Delay

Other Impairment

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 _____