

**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: _____
(Please attach any custody 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
_____ / Work hours: _____
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
_____ / Work hours: _____
Telephone

Date child care/Pre-K needs to begin: _____ Hours childcare is needed if full day: _____

Documents needed at time of enrollment:

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

Do you participate in the CCDF or OMW voucher program? Yes No

(If yes, which type of voucher do you currently have: CCDF or OMW)

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"/>	_____
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"/>	_____

Participated in First Steps Yes No

IEP or FGP (IFSP) complete? Yes (please attach a copy) No

What language is most often spoken at home to the child? _____

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

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

4. Is your child potty trained? No _____ Yes _____ (If no, please describe where child is in the potty-training process: _____)

5. Does your child have any allergies: No _____ Yes _____ If yes:

To What: _____

Their reaction: _____

Park Place Learning Center

Classroom options

Please check which classroom you are interested in enrolling your child in:

Check box below	Classroom Description	Classroom hours	Fees
	Full Day Preschool & Daycare- 3-5 yrs old	7 am-5 pm (*If parent or guardian is not working, child must be picked up before 4pm each day.)	Weekly fees are determined by a family's annual income. (Please complete attached income declaration form to determine fee.)
	Pre-K AM Session- 3-5 yr olds	8:00-11:00 am	Weekly fee \$ 75.00
	Pre-K-PM Session- 3-5 yr olds	12:00-3:00 pm	Weekly fee \$ 75.00

If interested in more than one option, please check each one and label as 1st, 2nd, and/or 3rd choice.

*All children must be in the process of potty training. *

Are you interested in your child attending class during the summer months of June -July?	Yes or No
------------------------------------------------------------------------------------------	-----------

*Transportation will be the parent's responsibility. *

*Supply fee \$25.00 due annually July- Aug *



Area IV Park Place Learning Center Income Declaration Form Full day Preschool & Daycare 3-5 yr olds

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 _____ %

Full day Classroom & Daycare 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