

**Lower Cape Emergency Child Care Fund  
administered by Cape Cod Children's Place  
2019 Application Form**

Name of applicant (parent/guardian): \_\_\_\_\_

Total child(ren) in the household; list name(s) and age(s): \_\_\_\_\_  
\_\_\_\_\_

Child(ren) to be helped with this application; list name(s) and age(s) : \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

Residential address: \_\_\_\_\_

Home phone no. \_\_\_\_\_ cell no. \_\_\_\_\_

Number of adults in home: \_\_\_\_\_ Number/ages of all children in home \_\_\_\_\_

Age/name of head of household: \_\_\_\_\_

Adults employed:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ seasonal or year-round: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ seasonal or year-round: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ seasonal or year-round: \_\_\_\_\_

Your household income last month: \_\_\_\_\_

Total annual household income: \_\_\_\_\_

Name of child care program/provider to be paid with these funds: \_\_\_\_\_  
\_\_\_\_\_

Address & phone of location where child care will take place: \_\_\_\_\_  
\_\_\_\_\_

Is this provider licensed? \_\_\_\_\_ Relationship (if any) of provider to applicant: \_\_\_\_\_

What are your total monthly child care expenses? \_\_\_\_\_ for how many children? \_\_\_\_\_

Please list separately the child care expenses for each child in your household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Days/week \_\_\_\_\_ Fee: weekly \_\_\_\_\_ monthly \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Days/week \_\_\_\_\_ Fee: weekly \_\_\_\_\_ monthly \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Days/week \_\_\_\_\_ Fee: weekly \_\_\_\_\_ monthly \_\_\_\_\_

List fees & amounts you need help with: Backdue \_\_\_\_\_ Summer \_\_\_\_\_ Afterschool \_\_\_\_\_

What is the balance at this time of your child care tuition bill? \_\_\_\_\_

Have you applied to other resources? \_\_\_\_\_

How long do you expect to need this assistance paying child care fees? \_\_\_\_\_

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Please list your reasons for applying for these funds at this time:

Is there anything else you would like the committee to know about your situation:

I hereby verify that the information provided above is correct.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring agency signature (if applicable): \_\_\_\_\_

*Please fill out both pages of this application. You are encouraged to provide as much supporting information as possible, both specific information about your circumstances and copies of relevant financial documentation. Review of your application will be preceded by conversations with you and with your childcare provider. Submit completed application to:*

**Cape Cod Children’s Place, PO Box 1935, N. Eastham, MA 02651 (tel: 508-240-3310)**

This fund is administered by Cape Cod Children’s Place, Inc. and supported by community donations. Applications will be reviewed by a committee of community volunteers. Awards will be made based on applicants’ needs and availability of funds.