

**Lower Cape Emergency Child Care Fund
administered by Cape Cod Children's Place
2024 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: _____ Email: _____

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 _____

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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? _____

**Lower Cape Emergency Child Care Fund
Application – Page 2**

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)
Fax No.: 508-240-2352 Email: info@capecodchildrensplace.com**

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