



3. Childcare information:

Please list here information about any childcare currently provided to any children in your household:

Child #1: Name \_\_\_\_\_ Age \_\_\_\_\_  
Provider's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Days and hours of care: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_  
Cost of care monthly/weekly (circle one) \_\_\_\_\_ Dates of service: Start \_\_\_\_\_ End \_\_\_\_\_

---

Child #2: Name \_\_\_\_\_ Age: \_\_\_\_\_  
Provider's Name \_\_\_\_\_ Address \_\_\_\_\_  
Days and hours of care: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_  
Cost of care monthly/weekly (circle one) \_\_\_\_\_ Dates of service: Start \_\_\_\_\_ End \_\_\_\_\_

---

Child #3: Name \_\_\_\_\_ Age \_\_\_\_\_  
Provider's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Days and hours of care: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_  
Cost of care monthly/weekly (circle one) \_\_\_\_\_ Dates of service: Start \_\_\_\_\_ End \_\_\_\_\_

III. Additional Family Information

It is crucial to the application process to understand your family's situation. The purpose of this program is to help Wellfleet families pay childcare fees for their children aged birth-5 years. Please describe here any details about your family's present situation that provide a clearer indication of your family's needs. You are encouraged to write as much as you care to include. Use an additional page if necessary. Your application will be kept in strict confidence and will be evaluated only by Grant Administration designee(s).

*The information included in this application is truthful & accurate to the best of my knowledge. Any falsification of information or discrepancies may lead to the termination of assistance eligibility.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This program is funded by the Town of Wellfleet and administered by Cape Cod Children's Place. Eligibility is restricted to year-round residents of Wellfleet with children aged birth-5 years. Please address all questions regarding this application to Cape Cod Children's Place 508-240-3310.  
Mail to: P.O. Box 1935, N. Eastham, MA 02651  
info@capecodchildrensplace.com**