



Carver Community Organization

400 S.E. 8th Street

Evansville, IN 47713

(812) 423-2612

Before your child or children can begin our programs, please ensure the following items are completed:

- ☐ Attached Childcare Application
- ☐ Copy of Birth Certificate
- ☐ Current Physical and Shot Records
- ☐ Proof of Childcare Payment Method
 - ☐ Check Stubs, ☐ CCDF voucher, or ☐ Gatekeeper voucher

**Return all completed applications to Intake Specialist
Monday through Friday from 8:30 am – 5:30 pm.**

Contact information is (812) 423-2612 ext. 2201

Carver Community Organization, Inc.
400 S. E. 8th Street
Evansville, IN 47713
Phone: (812) 423-2612 Fax: (812) 423-6941
E-Mail: carverorg@carverorg.org



Dear Parents:

First, thank you for choosing Carver Community Organization as your childcare provider. It is Carver's intention to provide all parents of our childcare programs with affordable and quality childcare services, and that you as a parent feel confident in leaving your child in our care.

Carver Community Organization is a non-profit organization relying on funds generated from grants, donations, and the payment of fees from our clients to provide such services. **All** payments are to be made on a weekly basis. You may make payments in advance, during the current week, at the end of the week, or on the following Monday. **Payments may be accepted by cash, personal check, money order, or credit card.** However, we strongly suggest that if you are not able to make your payments during regular business hours (8:30 A.M.-5:30 P.M.) that you make your payments by personal check or money order only.

If your account should become past due and an effort has been made to collect fees, our staff will be informed not to accept your child(ren) into our childcare program until all balances are paid in full, at which time, you will be required to make advance payment for services.

If you should have any questions regarding your account, please do not hesitate to contact Carver at (812)423-2612 during business hours. However, if you have questions regarding any aspect of your child's care or the curriculum we use, please contact our Childcare & Preschool Director, Deiona Clayton, at the same phone number between the hours of 9:00 AM and 5:30 PM.

Again, thank you for choosing Carver Community Organization for your childcare needs.

Sincerely,

Intake Specialist

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Childcare Application for 3-12 years old

Carver Day Care and Preschool Enrollment Application

Please check which type of service you are requesting:

- ☐ A.M. Childcare (6:00 A.M. - 5:30 P.M.)
☐ P.M. Childcare (2:00 P.M. - 1:00 A.M.)

Child's Name: _____ Nickname: _____
Sex: Female ___ Male ___ Date of birth: _____ Present Age: _____
Child's Address: _____
City: _____ State: _____ Zip Code: _____

Family Information

Mother's/Father's/Guardian's Name: _____
Mother's/Father's/Guardian's Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work/School Phone: _____ Email: _____
Name of Mother's/Father's/Guardian's Employer/School: _____
Mother's/Father's/Guardian's Occupation/Major: _____
Mother's/Father's/Guardian's Employer's/School Address: _____
City, State & Zip: _____
Work Hours: _____
Mother's/Father's/Guardian's Marital Status: _____
Additional Phone Numbers: _____ Are you on Facebook? _____
Father's/Mother's/Guardian's Name: _____
Father's/Mother's/Guardian's Address: _____
City, State, & Zip: _____
Home Phone: _____ Work/School Phone: _____ Email: _____
Name of Father's/Mother's/Guardian's Employer/School: _____
Father's/Mother's/Guardian's Occupation/Major: _____
Father's Employer's / School Address: _____
Additional Phone Numbers: _____ Are you on Facebook? _____

Name of responsible adult who may be contacted in case of an emergency if parent(s) cannot be reached:

Name: _____ Home Phone: _____
Work Phone: _____ Additional Numbers: _____
Address: _____
City, State & Zip: _____

Name of person who has legal custody of child: _____

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Emergency Medical Authorization

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I also understand that I or my family insurance will be responsible for any help or treatment due to accidents or illness while in Carver's care.

Physician's Name: _____

Physician's Phone Number: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

Dentist's Name: _____

Dentist's Phone Number: _____

Dentist's Address: _____

City: _____ State: _____ Zip Code: _____

Signature of official completing form

Date

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Hours of Operation

A.M. Childcare is open from 6:00 A.M. - 5:30 P.M.

P.M. Childcare is open from 2:00 P.M. - 1:00 A.M.

Our policy limits our hours to those scheduled. If additional hours are needed on any given day, please notify the Early Child Development Director as far in advance as possible.

Time of child's usual arrival to childcare: _____

Time of child's usual departure from childcare: _____

*Authorization for Pick-Up

We will not release your child to anyone without your authorization. If our Staff suspects that you are intoxicated or otherwise impaired when you come to pick up your child, we will ask permission to call the next name on the list. If, however, you insist on taking the child with you, we will call the local police and alert them to the situation. In the event, one of your authorized representatives appears to be intoxicated or otherwise impaired, we will attempt to call you. If we are unable to reach you, we will ask permission to call the next name on the Authorization Form. If, however, he/she insists on taking the child, we will call the local police and alert them to the situation.

The following individuals have my authorization to pick up my child from childcare.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

**If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

*Non-Authorized Pick-Up

The following individuals are specifically DENIED permission to pick up my child:

Name: _____ Phone: _____
Name: _____ Phone: _____

Signature of Parent or Guardian

Date

**To add or remove any of the individuals listed above, please complete another Non-Authorization Pick-Up Form*

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Discipline and Guidance Policy

The Carver Staff Member in charge shall not use or permit any person to use corporal punishment or other cruel, harsh, or unusual punishment or any humiliating or frightening method to control the action of any child or group of children. No child of any age will be shaken, hit, or spanked.

Brief, supervised separation from the group may be used, if necessary, which is referred to as "Time Out". A small percentage of children are old enough to understand "Punishment vs. Action". However, any child whose actions cannot be maintained in a safe manner will be dismissed from this childcare center.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food, rest, or toilet training. Bedwetters shall not be shamed or punished.

Causes for Dismissal

1. Having to notify the parent about certain behavior problems (profane language, spitting, wild temper tantrums, etc.).
2. Child causing physical harm to himself, other children, or Staff (fighting, kicking, biting, etc.).
3. Child refusing to participate or cooperate in every segment of childcare programming.
4. A delinquent account.
5. Inability of the center to meet the needs of a child.
6. Parental failure to comply with Carver policies and procedures, including verbal abuse of Carver Staff and/or other parents or family members.

Signature of Parent/Guardian

Date

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Intake Agreement

Please check the statement that applies to the service you are requesting:

- ☐ I understand that the A.M. Childcare will be open for services from 6:00A.M.-5:30 P.M.
- ☐ I understand that the P.M. Childcare will be open for services from 2:00 P.M.-1:00 A.M.
- ☐ I understand that my child will only be released to the parent(s) or persons listed in this application.
- ☐ I understand Carver's policy regarding release of children to intoxicated or otherwise impaired individuals.
- ☐ In case of serious injury or illness, I grant permission for emergency medical treatment.
Yes ☐ No ☐
- ☐ I understand that payment for childcare is due by the *end of the week (Friday) or the beginning of the following week (Monday)*. Yes ☐ No ☐
- ☐ I give the childcare center permission to transport my child. Yes ☐ No ☐
- ☐ I understand that A.M.snack is served until 8:00 A.M. (A.M. Childcare Program)
- ☐ I understand that P.M. snack is served until 4:15 P.M. (P.M. Childcare Program)
- ☐ I understand that my child's Teacher will schedule two (2) Parent/Teacher conferences each year.
- ☐ I understand that I must supply the Childcare with the following:
1. A completed Application and Intake Agreement (prior to admission)
 2. Income Verification Form
 3. Record of Physical Examination (30-day grace period) may be faxed to Attn: Intake Specialist
 4. Record of Immunizations (prior to admission) may be faxed to Attn: Intake Specialist
 5. Proof of child's date of birth (prior to admission) (Acceptable documents are an original Birth Certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a Birth Certificate).
- ☐ I understand that the Childcare Center Staff will notify parent(s) of any significant occurrences that may occur.
- ☐ I understand that the Childcare Center has the right to deny admittance to any child whose needs cannot be met by the existing program.
- ☐ I understand that the Childcare Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected and re-directed to more constructive activities or allowed to spend quiet time to themselves in an area so designated in the classroom. Disciplinary problems will be discussed with the parents and documented in the child's file.

Signature of Parent/Guardian

Date

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Family Background

1. How many children are there in your family? (Please complete fully).

Name	Age	Date of Birth	Grade Level	Name of School

How many children listed above attend public school? _____

Does your child have his/her own room? Yes ☐ No ☐

Does he/she have outdoor access to play? Yes ☐ No ☐

Past Childcare Information

Has your child ever attended childcare? Yes ☐ No ☐

If yes, Specific: _____

Nursery School? Yes ☐ No ☐

If yes, specific: _____

Sunday School? Yes ☐ No ☐

If yes, specific: _____

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Behavior and Habits Form

1. How does your child react to other children? _____

2. How does your child react to adults? _____

3. How does your child react to new situations? _____

4. Is he/she insecure? _____ If yes, please explain: _____

5. Does he/she show independence? _____

6. What is your child's attitude toward discipline? _____

7. What activities does your child like best? (i.e.: coloring, singing, watching TV, etc.)

8. What are your child's favorite play materials and toys? _____

9. How does your child show fear? _____
10. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)

11. Does he/she share things willingly? _____
12. Is he/she destructive? _____ If yes, please explain: _____

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Behavior and Habits Form Continued

13. Does he/she enjoy listening to stories? _____
14. How much adult companionship does your child receive? _____
15. Is he/she friendly in most situations? Yes ☐ No ☐ Shy? Yes ☐ No ☐
Aggressive? Yes ☐ No ☐ Withdrawn? Yes ☐ No ☐
16. Do you feel your child will adjust easily to the childcare setting? Yes ☐ No ☐
If no, specify why and how this could be accommodated: _____

17. How does your child reveal his/her feelings? _____

18. What makes your child upset? _____

19. Is there a pet in the household? Yes ☐ No ☐
If yes, how does your child react with the pet? _____
If no, how does your child react to animals and pets? _____

Eating Habits

1. Is your child usually hungry at meal times? Yes ☐ No ☐
Between meals? Yes ☐ No ☐
2. What are your child's favorite foods? _____
3. What foods does your child dislike? _____
4. Does your child have any type of eating disorders? Yes ☐ No ☐
If so, please explain: _____
5. Is your child familiar with eating utensils? _____ If yes, with which ones is your child most familiar? _____

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Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:

_____	_____
_____	_____
_____	_____
_____	_____

Bathroom Habits

1. Can your child be relied upon to indicate his/her bathroom wishes? Yes ☐ No ☐
2. What word is used for urination? _____ For bowel movement? _____
3. Does your child need to use the bathroom more often than other children the same age?
Yes ☐ No ☐ If yes, specify: _____
4. Is your child frightened of the bathroom? Yes ☐ No ☐
5. Does your child need help using the bathroom? Yes ☐ No ☐
6. Was your child easy or difficult to potty train? _____
7. Has potty training been completed? Yes ☐ No ☐
8. Does your child wet the bed? (please choose one): Never ☐ Occasionally ☐ Always ☐

Developmental History

1. At what age did your child: Sit up without support _____ Crawl _____ Walk _____
2. Did your child have any difficulty with speech? Yes ☐ No ☐ If yes, please explain _____

3. Please note any "special" words, phrases, or actions to describe his/her needs _____

4. What arrangements can you make for your child during illness? _____

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WAGE VERIFICATION FORM

I, _____, authorize and request that Carver Community Organization be given the information specified on the reverse side, which is necessary to determine childcare fees or other record keeping purposes. This is without any liability to me whatsoever and I understand that this information may be verified by phone, fax, or email.

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Signature of Parent/Guardian

Date

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Section A. Verification of Wages

TO BE COMPLETED BY THE EMPLOYER ONLY

Employee Job Title: _____ Start Date: _____

On Leave? ☐ Yes ☐ No If Yes, Type of Leave: _____

If Yes, Date of Return: _____

Monthly Average

Hourly Pay: \$_____ Commission: _____ Tips: _____

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Monthly Paid in Cash? ☐ Yes ☐ No

Work Schedule							
	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From							
To							

Do Hours Vary? ☐ Yes ☐ No

If Yes, Explain:

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Section B. Verification of Other Income for 30 days prior to the Application

TO BE COMPLETED BY THE EMPLOYER ONLY

Type of Income: _____

Total income received from: _____ through _____

Gross amount: \$ _____

Signed: _____ Phone: _____

Position Title: _____ Start Date: _____

EMPLOYER CERTIFICATION:

Employer/Company Name: _____

Address: _____

City, State, & Zip Code: _____ E-Mail: _____

I certify that the information listed above is true and accurate to the best of my knowledge.

Printed Name

Title

Signature of official completing form

Date

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Section C. Verification of Income by 3rd Party
*TO BE COMPLETED BY STEP AHEAD, GATEKEEPER
OR OTHER AGENCY PAYING FOR DAYCARE*

Annual gross Income amount \$ _____

Title: _____

Phone # _____

Signature of official completing form

Date

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Childcare Application

Childcare Services Financial Responsibility Form

Child Information:

Child's Full Name: _____

Date of Birth: _____

Enrollment Date: _____

Parent/Guardian Name: _____

Parent/Guardian Date of Birth: _____

Parent/Guardian Social Security Number: _____

Parent/Guardian Place of Employment: _____

Financial Obligation Overview:

Weekly/Monthly Fee: \$ _____

Payment Due Date: Fees for the current week are due by 5:30 p.m. each Friday

Late Payment Terms:

If fees are not paid by 12:00 p.m. the following Monday, childcare services will be suspended until all late payments have been satisfied.

If an account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery of the outstanding balance (note: no collection fees will be applied).

Agreement to Terms:

I, _____ (Parent/Guardian Name), understand and agree to the financial terms associated with the childcare services provided by Carver Community Organization.

I agree to pay the fees for the current week by **5:30 p.m. Friday**, and understand that failure to make payments by **12:00 p.m. the following Monday** will result in **the suspension of childcare services** until all late payments have been satisfied. I also acknowledge that if the account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery, and I may incur additional fees associated with collection efforts.

Additional Terms & Conditions:

Termination Notice: I agree to provide a **2-week** written notice if withdrawing my child from care.

Late Pick-Up Fee: A late fee of **\$10.00 per half hour per child** will be charged for pick-ups after the agreed-upon time.

Parent/Guardian Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization

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MEDIA RELEASE FORM

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you,

Please check one of the following statements.

☐ Yes, I give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.

☐ No, I do not give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.

Signature of Parent or Guardian

Date

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HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form, 49969 (RS 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (last, first)	Date of birth (month day year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (month, day, year)		
TB Risk / Symptoms		Other:	-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymph nodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

☐ Yes ☐ No If Yes, _____

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

2 3 4 5

DTaPIOT

2 3 4

Hib

2 3 4 5

IPV (Polio)

2 3 4 5

1. Influenza (Flu)

2

Measles Mumps
Rubella (MMR)

2 3

Rotavirus (RGE)I

2

Varicella
(Varivax)

or Chicken Pox Disease

Month / year

2 3 4

Pneumococcal
(PCV) (Prevnar)

2

HEPA

2 3

HBV
(HEPB)

* Recommended yearly.

Name of physician / nurse practitioner/ physician assistant completing form (please print)

Telephone number

()

Signature of physician / nurse practitioner / physician assistant

ADDITIONAL NOTES AND INSTRUCTIONS



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed childcare programs in Indiana

Subject: Your child's birth certificate and licensed childcare programs

Indiana Code 12-17.2-2-1(8) requires each childcare center or childcare home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed childcare program. Sharing the birth certificate information is OT optional; signing the below is your decision and does not impact your use of childcare facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed childcare program.

I give my permission for *name of licensed childcare program* to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (month/ day/year)
Name of child	Date of birth (month/day/year)
Name of child	Date of birth (month/day/year)
Name of child	Date of birth (month/day/year)

Signature of parent, guardian, or custodian	Date signed (month/day/year)
---	------------------------------



City of Evansville, IN – CDBG Participant Profile Form

1. Participant Name: _____
2. Date of Birth: _____
3. Address: _____
4. Phone Number: _____
5. Race (Pick One):
- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ American Indian/Alaskan Native & White
- ☐ American Indian/Alaskan Native & Black
- ☐ Other Multi - Racial
6. Hispanic Ethnicity ☐ Yes ☐ No
7. Female Headed Household ☐ Yes ☐ No
8. Military Veteran Household ☐ Yes ☐ No
9. Disability ☐ Yes ☐ No

10. Income Guidelines:

- a. Step 1—Circle the number of persons in your household.
- b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

Number of Persons in Your Household								
2024 AMI	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30%	< \$17,450	< \$19,950	< \$22,450	< \$24,900	< \$26,900	< \$28,900	< \$30,900	< \$32,900
31-50%	\$17,451- \$29,100	\$19,951- \$33,250	\$22,451- \$37,350	\$24,901- \$41,500	\$26,901- \$44,850	\$28,901- \$48,150	\$30,901- \$51,500	\$32,901- \$54,800
51-80%	\$29,101- \$46,500	\$33,251- \$53,150	\$37,351- \$59,800	\$41,501- \$66,400	\$44,851- \$71,750	\$48,151- \$77,050	\$51,501- \$82,350	\$54,801- \$87,650
Over 81%	\$46,501+	\$53,151+	\$59,801+	\$66,401+	\$71,751+	\$77,051+	\$82,351+	\$87,651+

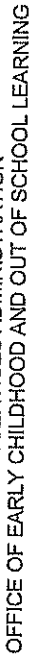
DEFINITION OF A FAMILY: A family is defined as all persons living in the same household who are related by blood, marriage, or adoption, including adult children who continue to live at home with their parent(s) and a dependent child who is living outside of the home (e.g., students living in a dormitory). An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose.

FAMILY INCOME: Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

Parent Signature: _____ Date: _____



Name of applicant		Applicant phone number		Applicant email address	
Name of program Carver Community Organization, Inc. dba Carver Daycare & Preschool		License / registration / exemption number 14590		Provider's current Paths to QUALITY (PTQ) Level ☐ 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4	
Address where care is provided (number and street, city, state, and ZIP code) 400 SE 8th Street, Evansville, IN 47713		Program County Vanderburgh		Program Telephone number (812-423-2612) 812-423-2612	
What date will the child begin care? (month, day, year) / /		Is this a provider change? ☒ Yes ☐ No		Is this for a child who is reauthorizing their case? ☐ Yes ☐ No	
Type of provider ☒ Licensed Home ☐ Licensed Center ☐ Registered Ministry ☐ License Exempt Home ☐ License Exempt Facility ☐ Providing Care in Child's Home ☐ Public, Private or Charter School					
Hours of operation (i.e. 7 AM to 6 PM) 6:00am - 5:30pm/2:00pm - 1:00am		Days of operation (Check all that apply.) ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ Sunday			
Name of CCDF Child(ren) (First and Last)	Date of Birth (month/day/year)	Charge for Current Age	H -Half Day F -Full Day	Charge for Next Age Group (If child is currently infant, list charge for Toddler)	School-Age (Before and After School)
					School-Age Other (Charge for School Breaks, evening or week-end care)
FOR SCHOOL AGE CHILDREN ONLY (Please include a school calendar for ALL School Aged children.)					
Date school year begins (mo/day/yr) / /	Date school year ends (mo/day/yr) / /	Does school-age child need break care vouchers? ☐ Yes ☐ No	Is this form: On My Way Pre-K wraparound or break care? ☐ Yes ☐ No	Will child attend this same CCDF provider for summer? ☐ Yes ☐ No	Summer: Program begin and end dates / /
FOR ON MY WAY PRE-K CHILDREN ONLY					
Name of OMW Child (First and Last)	Date of Birth (month/day/year)	OMW Pre-K Weekly Charge	H -Half Day F -Full Day	OMW Pre-K Begin Date (month/day/year)	OMW Pre-K End Date (month/day/year) Latest possible date-first Sat. in June
					If family determined eligible for Limited Eligibility providers receive \$147.82/week
					\$147.82/week
If you are a public, private or charter school, does the OMW child listed above need break care vouchers (care at another provider when your school is not in session)? ☐ Yes ☐ No					If yes, a school schedule must be provided
Are you related to any the child(ren) listed above? ☐ Yes ☒ No If Yes, please list relationship.					
PROVIDER AFFIRMATION Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in these programs					
I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program available on www.childcarefinder.in.gov . I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.					
Signature of provider				Date (month, day, year)	

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

Parent Signature: _____ Date: _____