

Sandwich Early Childhood Council

SANDWICH COMMUNITY PARTNERSHIP PROGRAM

Parent Information:

Number of parents in family _____ Number of parents working _____

Parent/ Guardian Name: _____ S.S.# _____

Parent/ Guardian Name: _____ S.S.# _____

Address: _____

Phone Number _____

Mother's Education Level: _____ Father's Education Level: _____

¹Education Level Codes: a = Less than H.S. Diploma b = H.S. Diploma/General Equivalency Diploma
c = Some college d = Bachelor's degree
e = Master's degree f = Doctoral or Advanced Degree

Child(ren) to receive Tuition Assistance

Name: _____ Age / DOB _____

Name: _____ Age / DOB: _____

How many days of care do you request? _____ What hours? _____

1. Does your child have an Individualized Education Plan (IEP)? _____

2. How many siblings does the child have? _____

3. Anticipated Date Child enters kindergarten _____

4. Is your child enrolled in Head Start? _____

5. Is your child currently enrolled in a child care program? _____ If so, what provider _____

6. Are you receiving any tuition assistance? _____

Siblings

Name: _____ Age /DOB: _____ Prov. _____

Name: _____ Age /DOB: _____ Prov. _____

Name: _____ Age /DOB: _____ Prov. _____

Name: _____ Age /DOB: _____ Prov. _____

Please list your monthly, gross income

Parent 1 _____

Parent 2 _____

Child Support _____

SSI _____

Other _____

Total _____

Is there anything you would like to add about your family situation? _____

How did you hear about the Sandwich Community Partnership Program? _____

How long have you lived in Sandwich? _____

Requirements for a Sandwich Community Partnership Child Care Subsidy:

Family must live in Sandwich,

Families must meet state median income guidelines,

Parents must work full or part time.

Please check additional services and support you would be interested in if paid for with CPC funds:

_____ Transportation _____ Literacy Development _____ Health/Dental Screening _____ Social Services

_____ Information & Referrals _____ Transition/ IEP supports _____ Mental Health services

_____ Family Support/ Family Education _____ Home visits _____ Nutrition Services

_____ Parent/ Child Advocacy _____ Other, please list _____

Please state your families ethnic background _____

For additional information, or assistance completing this form, please call Cindy at 508-427-8035.

Return application to: Lauren Mellilo

33 Water Street

Sandwich, MA 02532

or

Cindy Dabkowski

P.O. Box 1304

Manomet, MA 02345

Parent Signature _____ Date _____