

# Scott County Kids Early Childhood Iowa Childcare Scholarship Program

1221 Myrtle Street  
Davenport, IA 52804  
563-323-1821

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number \_\_\_\_\_ Work/School Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Child(ren) to receive Scholarship? \_\_\_\_\_

Relationship to the child(ren): Mother \_\_\_\_\_ Father \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Number of persons living in the home \_\_\_\_\_ Number of persons in the family \_\_\_\_\_

Where did you find out about this program? \_\_\_\_\_

List all people living in the household. List yourself on the first line.

First/Last Name	Relationship to Applicant	Date of Birth	Gender	Ethnicity (Hispanic or Non Hispanic)	Race	Level of education completed
	<b>Self</b>					

### Childcare Provider Information

Name of Childcare Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Is the childcare provider licensed or registered with the State of Iowa? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate registration or license number \_\_\_\_\_ Expiration date \_\_\_\_\_

Does this childcare provider carry liability and accident insurance to cover all children in care? \_\_\_\_\_

If this provider is a relative, what is the relationship to the child(ren) \_\_\_\_\_

Payment rate charged by above provider **per child** (complete only one):

\$ \_\_\_\_\_ per hour      \$ \_\_\_\_\_ per day      \$ \_\_\_\_\_ per week

Approximate number of hours childcare is needed weekly \_\_\_\_\_

Date you started with this provider \_\_\_\_\_

**CHILDCARE ARRANGEMENTS NEEDED**

(Include a.m. and/or p.m. in your times.)

Child's Name		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	From							
	To							
	From							
	To							

**WORK & SCHOOL SCHEDULE**

APPLICANT \_\_\_\_\_

Date you started working at this job \_\_\_\_\_

Employer's Name _____			Name of School _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____

List the hours you attend work and/or school or training. If your schedule varies, give an example week.

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours at Work	From							
	To							
Hours at school Or training	From							
	To							

My schedule varies by \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Rotating schedule

Pay schedule is \_\_\_\_\_ Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Twice a month \_\_\_\_\_ Once a month

Number of hours you work each week \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_ How much time does it usually take to get from your provider to your place of work or school/training \_\_\_\_\_

OTHER PARENT (if applicable) \_\_\_\_\_

Date you started working at this job \_\_\_\_\_

Employer's Name _____			Name of School _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____

List the hours you attend work and/or school or training. If your schedule varies, give an example week.

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours at Work	From							
	To							
Hours at school Or training	From							
	To							

My schedule varies by \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Rotating schedule

Pay schedule is \_\_\_\_\_ Weekly \_\_\_\_\_ Every other week \_\_\_\_\_ Twice a month \_\_\_\_\_ Once a month

Number of hours you work each week \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_ How much time does it usually take to get from your provider to your place of work or school/training \_\_\_\_\_

**Yearly Income**

Gross Family Income _____	Net income from self-employment _____
Child Support _____	Unemployment compensation _____
Alimony _____	Veteran's Benefits _____
Pensions & annuities _____	Workman's compensation _____
Social Security _____	Other _____

Approximate total of family's yearly income \_\_\_\_\_

Child support you PAY each month \$ \_\_\_\_\_

**Two CONSECUTIVE pay stubs for each parent or guardian living in the home must be attached to this application. If self-employed, a copy of last year's income taxes must be included. If you are attending school, attach the official printout of your school schedule. Please send copies only of pay stubs and school schedule.**

**\*\*Proof of address and a copy of the child's birth certificate is needed with this application.**

*I certify that the information on this application is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in the spirit of confidence within the agency and is accessible to me during normal business hours.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Scott County Kids Early Childhood Iowa Childcare Scholarship Program**  
***PARENT AGREEMENT***

- Parent will notify Friendly House within three days of any changes in school or work schedules.
- Parent attending school will submit a copy of their official school schedule printout.
- Parent will notify Friendly House of any changes in family status and/or income.
- Friendly House will pay your provider for childcare expenses agreed upon related to attending classes and/or working as long as the child is in care at least 85% of scheduled time.
- Parent will review the childcare provider's monthly Statement of Childcare Costs and provide a signature verifying the accuracy.
- Parent attending school will make every effort to schedule classes on a timely basis. If there is a substantial time lapse in the classes scheduled, Friendly House reserves the right to deny payment for childcare during the time lapse.
- The parent agrees to make the required co-payment to the childcare provider on a timely basis. **Failure to do so may terminate eligibility with the Scott County Kids Early Childhood Iowa Child Care Scholarship Program.**
- A maximum monthly amount or limit will be set for each family and agreed upon between Friendly House, the child care provider and the parent. Any cost incurred above the limit is the responsibility of the parent.
- The parent agrees to give the current provider a two-week notice if the parent needs to change providers unless the daycare home or center is deemed unsafe by the Department of Human Services.
- The parent will be reevaluated for continuation near the end of the six month period as long as funding remains available. Parent will be notified as such.
- **Childcare assistance can be terminated if agreements are broken.**

*I hereby agree to all statements listed above:*

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Signature of Parent

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Date