# Logo

# Please Return Form to:

# Student Development

#  50 Oakland Street

#  Wellesley Hills, MA 02481

 **(Phone) 781-239-2753**

 **(fax) 781-239-2669**

# Childcare Assistance Program Application

|  |
| --- |
| **Student Name:** [ ]  **New to Program** [ ]  **Returning** **Student ID:**   |
| **Semester & Year:**  |
| **Address:** |
| **City/State/Zip:** |
| **Email: Phone:**  |
| **MassBay Enrollment:** [ ]  **Full-Time (12 credits or more)**[ ]  **Part-Time (6-11 credits)** \* Students enrolled in less than 6 credits are not eligible for the program**\*** Class schedule must be attached |
| **Dependents requiring childcare:****NAME OF CHILD DATE OF BIRTH AGE** **Do you receive SNAP benefits?** [ ]  **YES** [ ]  **NO****Are you currently experiencing homelessness?** [ ]  **YES** [ ]  **NO** |
| **Childcare Provider:****Address:****Phone:** |
| **You must have an Expected Family Contribution (EFC) within the Pell Grant range (EFC between 0 and $5,486) to qualify. Please have a Financial Aid staff member sign below which will confirm that you meet this criteria (Office 111).****EFC within Pell Grant range** [ ]  **YES** [ ]  **NO**Financial Aid Staff Member Name:Financial Aid Staff Member Signature: Date: **(Continued on back)** |

|  |
| --- |
| **Policies:***Please see and read the attached eligibility sheet as well** *MassBay Community College accepts no liability regarding the placement of a child. Childcare placement responsibility rests entirely with the parent(s);*
* *The Childcare Assistance Program is only available for Fall & Spring semesters;*
* *The College reserves the right to discontinue this program at the end of any given semester;*
* *Failure to submit consecutive receipts may result in removal from the program;*
* *A student must be enrolled in courses at the time of submitting the application;*
* *An Application will not be considered unless it is complete. A complete application includes:*
1. *Complete, signed and dated application form;*
2. *Class schedule printed and attached;*
3. *Copy of childcare provider’s license from the Department of Early Education;*
4. *Proof of enrollment (verification letter, billing statement, invoice, etc.);*
* *Childcare is reimbursed on a monthly basis;*
* ***Childcare receipts must be submitted to Student Development by the childcare provider each month as the schedule indicates****. They can be mailed, faxed or emailed to Student Development:*

***Mail:*** *50 Oakland Street* *Wellesley Hills, MA 02481****Fax****: 781-239-2669 (Attn: Mary Ellen Osburn)* ***Email****: mosburn@massbay.edu***I have read and understand all eligibility requirements & policies regarding the MassBay Childcare Assistance Program.**Student Signature:Date: |
| **OFFICE USE ONLY:**[ ]  **Approved**[ ]  **Denied** Staff Initials:Date: |