# 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

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| **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)** |

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| **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: |