



125 N. 8th Street, Philadelphia, PA 19106  
 phone (215) 931-0190 • fax (215) 413-2102 • info@childrensvillagephila.org

# Children's Village Enrollment Application

Please complete an application for each child in the family you wish to enroll.

<b>Child's Name</b>
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<b>Child's Date of Birth</b>	Age
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Siblings in the home of the applicant named above	Birthdate	Are you interested in enrollment for this sibling?
Sibling's Name	____/____/____	<input type="checkbox"/> YES, I have completed an application for this sibling. <input type="checkbox"/> NO, I'm not interested in enrolling this sibling at this time.
Sibling's Name	____/____/____	<input type="checkbox"/> YES, I have completed an application for this sibling. <input type="checkbox"/> NO, I'm not interested in enrolling this sibling at this time.
Sibling's Name	____/____/____	<input type="checkbox"/> YES, I have completed an application for this sibling. <input type="checkbox"/> NO, I'm not interested in enrolling this sibling at this time.
<input type="checkbox"/> I will wait until there are enough openings to enroll all of my children at once.		
<input type="checkbox"/> I would be willing to enroll one child before another if openings occur one at a time.		

## HOME AND WORK/SCHOOL INFORMATION FOR ADULT FAMILY MEMBER(S) RESPONSIBLE FOR THE CHILD

<b>Family Home Street Address</b>				
<b>Family Home City, State, Zip</b>				
<b>Name of Adult Family Member(s) Responsible for the Child</b>				
<b>Relationship to Child</b>				
<b>Employer or School</b>				
<b>Employer or School Address</b>				
<b>Employer or School Phone</b>				
<b>Work or School Hours</b>	From	To	From	To
<b>Cell Phone</b>				
<b>E-mail Address</b>				
<b>Fluent Language(s) Spoken</b>				
<b>Other ways to contact us</b>				

## PRIORITY ENROLLMENT CATEGORIES

(The waiting list is not strictly in order of application date. Some may qualify for enrollment priority.)

I am a Children's Village employee.	
This child was enrolled at Children's Village previously.	
This child is a sibling living in the same household of a currently enrolled child.	

## DESIRED ENROLLMENT DATE

Ideally, I'd like to enroll my child on this date:	
I am applying for short-term enrollment for less than three months:	from ____/____/____ to ____/____/____.

**FUNDING METHOD**

	I would pay the full private fee for my child's enrollment.
	I am on the <b>waiting list</b> for ELRC PA subsidy (formerly called CCIS), or <b>I plan to apply</b> . Application Date: _____ Approval Date (if known): _____
	The ELRC has authorized my subsidy to start and I have been asked to select a child care provider.
	I am receiving ELRC PA subsidy with another provider and would be interested in a <b>transfer</b> to Children's Village. ELRC Caseworker: _____

**PROGRAM**

<b>Infant</b> <i>(6 weeks until 13 months of age)</i>	<b>FULL-TIME INFANT</b> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o full fee from 7/1/23 through 6/30/24: <b>(490/wkly)</b></li> <li>o ELRC PA subsidy accepted (sliding scale co-pay)</li> <li>o parents charged for up to 13 scheduled school closings</li> </ul>
	<b>PART-TIME INFANT</b> <ul style="list-style-type: none"> <li>o <b>2 or 3 days a week</b>, circle days for which you need care: <b>M Tu W Th F</b> <i>flexible</i> (availability depends upon another enrollee needing opposite days)</li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o full fee only; full fee from 7/1/23 through 6/30/24: <b>(two days: 295/weekly; three days: 380/ weekly)</b></li> <li>o ELRC PA subsidy NOT ACCEPTED for part-time infant enrollment</li> <li>o parents not charged for scheduled school closings</li> </ul>
	<b>Notify me of the next availability for my child's age – either full- or part-time, whichever comes first.</b>
<b>Toddler</b> <i>(13 months until Sept. 1<sup>st</sup> following 3<sup>rd</sup> birthday)</i>	<b>FULL-TIME TODDLER</b> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o full fee from 7/1/23 through 6/30/24: <b>(432/wkly)</b></li> <li>o ELRC PA subsidy accepted (sliding scale co-pay)</li> <li>o parents charged for up to 13 scheduled school closings</li> </ul>
	<b>PART-TIME TODDLER</b> <ul style="list-style-type: none"> <li>o <b>2 or 3 days a week</b>, circle days for which you need care: <b>M Tu W Th F</b> <i>flexible</i> (availability depends upon another enrollee needing opposite days)</li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)</li> <li>o full fee only; full fee from 7/1/23 through 6/30/24: <b>(two days: 260/weekly; three days: 345/weekly)</b></li> <li>o ELRC PA subsidy NOT ACCEPTED for part-time toddler enrollment</li> <li>o parents not charged for scheduled school closings</li> </ul>
	<b>Notify me of the next availability for my child's age – either full- or part-time, whichever comes first.</b>
<b>Preschool</b> <i>(Sept. 1<sup>st</sup> following 3<sup>rd</sup> birthday until 5 years)</i>	<b>FULL-TIME PRESCHOOL</b> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>full child care day</b> (6:30 am – 6:00 pm – may arrive as early as 6:30 am, stay as late as 6:00 pm)</li> <li>o full fee from 7/1/23 through 6/30/24: <b>(365/weekly)</b></li> <li>o Head Start, PreK Counts, or PHL PreK accepted (225/weekly Sept to June)</li> <li>o ELRC PA subsidy accepted (sliding scale co-pay) – <i>All ELRC-funded preschoolers participate in Head Start or PreK Counts at Children's Village</i></li> <li>o parents charged for up to 13 scheduled school closings</li> </ul>
	<b>SCHOOL-DAY/SCHOOL-YEAR PRESCHOOL</b> <ul style="list-style-type: none"> <li>o <b>Monday through Friday</b></li> <li>o <b>6:30 am – 3:30 pm, Sept to June (Philadelphia Public School Calendar)</b></li> <li>o full fee from 7/1/23 through 6/30/24: (315/weekly), weekly copay due except for winter and spring holiday weeks</li> <li>o FREE to families participating in Head Start, Pre K Counts, or PHLpreK</li> <li>o closed all days the Philadelphia Public Schools are closed, noon dismissals when Public Schools close early</li> </ul>

**PRESCHOOL FUNDING ONLY**

	I understand that my preschooler with ELRC PA subsidy will also need to participate in Head Start or PreK Counts. Please contact me for eligibility determination so my preschooler can attend the <b>Preschool Full-Day</b> program.
	Please contact me to determine my eligibility for Head Start, PreK Counts, or PHLpreK so my preschool-age child can attend the <b>Preschool School-Day/School-Year</b> program for free.
	Please contact me to determine my eligibility for Head Start, PreK Counts, or PHLpreK so my preschool-age child can attend the <b>Preschool Full-Day</b> program for \$225 per week September through June.

**School-Age**

(K – 7<sup>th</sup> grade – through 12 years of age)

**YEAR-ROUND SCHOOL-AGE**

- o Monday through Friday, year round
- o after-school until 6:00 pm while school is in session September through June
- o full child care day (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm) on days your child's elementary school is closed and CV is open
- o parents charged for up to 13 scheduled school closings
- o full fee from 7/1/23 through 6/30/24: **(225/weekly Sept through June, 283/weekly in the summer)**
- o ELRC PA subsidy accepted (sliding scale co-pay)

**My child's elementary School:**

**SUMMER-ONLY SCHOOL-AGE**

- o Monday through Friday, summer only
- o full child care day (6:30 am – 6:00 pm – may arrive as early as 6:30 am or stay as late as 6:00 pm)
- o 8 school closings per summer
- o full fee from 7/1/23 through 6/30/24: **(283 weekly)**
- o ELRC PA subsidy accepted (sliding scale co-pay)

My child needs summer care from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**2 or 3 days a week**, circle days for which you need care:    **M**    **Tu**    **W**    **Th**    **F**    *flexible*

- o After school: **(two days: 135/weekly; three days: 170/weekly)**
- o Full day summer: **(two days: 170/weekly; three days: 213/weekly)**

**The weekly meal fee for all age groups is \$55, or \$11 per day.** Families may apply for free or reduced-price (\$4.25 weekly) meals through the Child Care Food Program.

**OPTIONAL: MY CHILD HAS SPECIAL NEEDS.** (Describe any precautions, services, or provisions required for the child's care and education, including information about your child's IFSP or IEP, if applicable.)

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**APPLICANT SIGNATURE**

**X**

**DATE**