



125 N. 8th Street, Philadelphia, PA 19106
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Children's Village Enrollment Application

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

Child's Name		
Child's Date of Birth		Age
Siblings in the home of the applicant named above	Birthdate	<i>I have submitted an application for this sibling:</i>
Sibling's Name	____/____/____	<input type="checkbox"/> YES, I'm also interested in enrolling 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'm also interested in enrolling 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'm also interested in enrolling 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

Family Home Street Address					
Family Home City, State, Zip					
Name of Adult Family Member(s) Responsible for the Child					
Relationship to Child					
Employer or School					
Employer or School Address					
Employer or School Phone					
Work or School Hours		From	To	From	To
Cell Phone					
E-mail Address					
Fluent Language(s)		English Spanish	Cantonese Indonesian	Mandarin Other:	Fujianese
		English Spanish	Cantonese Indonesian	Mandarin Other:	Fujianese
Other ways to contact us					

PRIORITY ENROLLMENT CATEGORIES

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

<input type="checkbox"/> I am a Children's Village employee.	
<input type="checkbox"/> This child was enrolled at Children's Village previously.	
<input type="checkbox"/> 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 ____/____/____.

PROGRAM

Infant (6 weeks until 13 months of age)	<p>FULL-TIME INFANT</p> <ul style="list-style-type: none"> Monday through Friday full child care day (7:15* am – 6:00 pm – may arrive as early as 7:15* am or stay as late as 6:00 pm) full fee from 7/1/22 through 6/30/23: (475/wkly) ELRC PA subsidy accepted (sliding scale co-pay) parents charged for up to 13 scheduled school closings
	<p>PART-TIME INFANT</p> <ul style="list-style-type: none"> 2 or 3 days a week, circle days for which you need care: M Tu W Th F flexible (availability depends upon another enrollee needing opposite days) full child care day (7:15* am – 6:00 pm – may arrive as early as 7:15* am or stay as late as 6:00 pm) full fee only; full fee from 7/1/22 through 6/30/23: (two days: 285/weekly; three days: 370/ weekly) ELRC PA subsidy NOT ACCEPTED for part-time infant enrollment parents not charged for scheduled school closings
	<p>Notify me of the next availability for my child's age – either full- or part-time, whichever comes first.</p>
Toddler (13 months until Sept. 1 st following 3 rd birthday)	<p>FULL-TIME TODDLER</p> <ul style="list-style-type: none"> Monday through Friday full child care day (7:15* am – 6:00 pm – may arrive as early as 7:15* am or stay as late as 6:00 pm) full fee from 7/1/22 through 6/30/23: (420/wkly) ELRC PA subsidy accepted (sliding scale co-pay) - \$25 weekly surcharge for ELRC-funded toddlers who do not complete an application for Early Head Start. parents charged for up to 13 scheduled school closings
	<p>PART-TIME TODDLER</p> <ul style="list-style-type: none"> 2 or 3 days a week, circle days for which you need care: M Tu W Th F flexible (availability depends upon another enrollee needing opposite days) full child care day (7:15* am – 6:00 pm – may arrive as early as 7:15* am or stay as late as 6:00 pm) full fee only; full fee from 7/1/22 through 6/30/23: (two days: 252/weekly; three days: 340/weekly) ELRC PA subsidy NOT ACCEPTED for part-time toddler enrollment parents not charged for scheduled school closings
	<p>Notify me of the next availability for my child's age – either full- or part-time, whichever comes first.</p>
Preschool (Sept. 1 st following 3 rd birthday until 5 years)	<p>FULL-TIME PRESCHOOL</p> <ul style="list-style-type: none"> Monday through Friday full child care day (6:30* am – 6:00 pm – may arrive as early as 6:30* am, stay as late as 6:00 pm) full fee from 7/1/22 through 6/30/23: (355/weekly) Head Start, PreK Counts, or PHL PreK accepted (220/weekly Sept to June) ELRC PA subsidy accepted (sliding scale co-pay) – All ELRC-funded preschoolers participate in Head Start or PreK Counts at Children's Village - \$25 weekly surcharge for ELRC-funded preschoolers who do not complete applications for Head Start or PreK Counts. parents charged for up to 13 scheduled school closings
	<p>SCHOOL-DAY/SCHOOL-YEAR PRESCHOOL</p> <ul style="list-style-type: none"> Monday through Friday 6:30* am – 3:30 pm, Sept to June (Philadelphia Public School Calendar) full fee from 7/1/22 through 6/30/23: (308/weekly), weekly copay due except for winter and spring holiday weeks FREE to families participating in Head Start, Pre K Counts, or PHLpreK closed all days the Philadelphia Public Schools are closed, noon dismissals when Public Schools close early
School-Age (K – 7 th grade – through 12 years of age)	<p>YEAR-ROUND SCHOOL-AGE</p> <ul style="list-style-type: none"> Monday through Friday, year round after-school until 6:00 pm while school is in session September through June 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 parents charged for up to 13 scheduled school closings full fee from 7/1/22 through 6/30/23: (220/weekly Sept through June, 275/weekly in the summer) ELRC PA subsidy accepted (sliding scale co-pay)
	<p>My child's elementary School:</p>
	<p>SUMMER-ONLY SCHOOL-AGE</p> <ul style="list-style-type: none"> Monday through Friday, summer only 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) 8 school closings per summer full fee from 7/1/22 through 6/30/23: (\$275 weekly) ELRC PA subsidy accepted (sliding scale co-pay) <p>My child needs summer care from ____/____/____ to ____/____/____</p>

The weekly meal fee for all age groups is \$50, or \$10 per day. Families may apply for free or reduced-price (\$4.25 weekly) meals through the Child Care Food Program.

*** NOTE ABOUT CHILDREN'S VILLAGE OPENING HOURS** – Due to pandemic precautions, Children's Village may need to modify the opening hour. Address your arrival time needs at the enrollment intake before your child's first day.

FUNDING METHOD

	I would pay the full fee (see above) for my child's enrollment.
	I am on the waiting list for ELRC PA subsidy (formerly called CCIS), or I plan to apply . 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 transfer to Children's Village. ELRC Caseworker: _____

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 Preschool Full-Day program.
	Please contact me to determine my eligibility for Head Start, PreK Counts, or PHLpreK so my preschool-age child can attend the Preschool School-Day/School-Year 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 Preschool Full-Day program for \$220 per week September through June.

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.)

APPLICANT SIGNATURE

X

DATE