

CCAMPIS GRANT

Child Care Agreement Form

CENTERS REFERRED: Power & Kirchner Child Development Center and Wonderland Day Care
 GRANT CONTACT PERSON: Dot High Steed, CCAMPIS Grant Director
 MAILING ADDRESS: 2401 Garner Field Rd. Uvalde, Texas 78801
 PHONE NUMBER: (830) 775-1612

\$ _____ Tuition Month of _____
 \$ _____ Registration
 \$ _____ Supply Fee
Amount Owed: \$ _____ / _____ **days**
Grant Contribution: \$ _____ / _____ **days (If eligibility is maintained)**
\$ 00 Total Due by CCAMPIS eligible student

_____ will receive assistance for:
Name of Student _____ **Student ID** _____
Name of Child 1 _____ **Name of Child 2** _____ **Name of Child 3** _____
Beginning Date: _____ **Ending Date:** _____

DAYS CHILD CAN ATTEND DAY CARE MONDAY – Friday 7:30 am – 5:30 pm

STUDENT

- **Student** must remain enrolled at SWTJC with a GPA of 2.0 or higher in order to be eligible for assistance.
- **Student** must successfully complete all courses during the semester services are received.
- **Student** will be responsible for supplies, registration and/or any fees over the maximum amount, and any charges necessary to hold a space for the child (ren) between semesters and holidays.
- **Student** will adhere to any and all daycare procedures. Including, but not limited to payment schedule.
- **Student** will provide the Center Manager a written excuse when the child is absent (A doctor's excuse is required after the 3rd day missed). On the 4th unexcused absence student will be terminated from childcare services.
- **Student** must notify the Center Manager/Project Director in writing if withdrawing from program 2 weeks prior to date of withdrawal. If procedures for withdrawing are not followed, student will incur tuition and fees not covered by grant.
- **Student** will be required to maintain full-time (6 hrs) enrollment at SWTJC (exceptions will be made when including capstones, clinical, practicum, pending graduation and degree plans). Summers will be evaluated on case by case basis). Any changes to schedule must be cleared through Project Director.
- **Student will** participate in parenting activities as indicated by Project Director and Center Manager for a minimum of **15 hours** during the semester or as assigned by Center Manager.
- **Student's** spouse must be enrolled in school or working if in a two-parent household. If spouse of the student enrolled in program is not participating in the above activities child care may not be provided. If both parents are students documentation of school enrollment and financial aid eligibility must be provided for both parents.
- **Student** must comply with all the above requirements. In the event that the student does not comply with such requirements they will be placed on probation for one semester. If student fails to comply in the subsequent semesters childcare services will be terminated.
- **Student** understands that center management/grant manager can access all academic information.
- **Student** will be required to meet with CCAMPIS Grant Director a minimum of 2 scheduled meeting for every term of service
- **Student** understands that assistance is contingent on the availability of funds from CCAMPIS Grant.

Student's Signature _____ **Date** _____

CCAMPIS Project Director Signature _____ **Date** _____

Southwest Texas Junior College

CCAMPIS

Parent Contribution

Student Name: _____ ID#: _____

Semester: _____

Daycare Center: _____

Eligibility Documentation:

1. Proof of Enrollment
2. Pell Grant award Letter
3. SAR Report (FASFA)
4. Proof of current GPA, minimum of 2.0

Flat Fee Formula:

\$3.00 per child daily x 5 days per week = \$15.00 weekly co-pay

\$15.00 x 32 daycare week = \$480 annual co-pay

Signature

Date

I acknowledge with signature that all of the above stated is true and if found otherwise will result in termination of service under the **CCAMPIS** Program.

No personal shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by Southwest Texas Junior College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.

CCAMPIS

SWTJC



GENERAL DEMOGRAPHIC APPLICATION

PARENT NAME (LAST, FIRST, MI)		TELEPHONE#	SWTJC STUDENT ID (if applicable)
ADDRESS		CITY/ZIP	
GENDER: (circle one) <ul style="list-style-type: none">• MALE• FEMALE		PARENT RACE/ETHNICITY (circle one) <ul style="list-style-type: none">• American Indian or Alaska Native▪ Asian American▪ Black or African-American▪ Hispanic or Latino▪ Native Hawaiian or other Pacific Islander▪ White▪ No race reported	
STATUS OF PARENTS (HOUSEHOLD STATUS) (circle one) <ul style="list-style-type: none">• Single Dependent (living with parents)• Single Head of Household• Married			

HOUSEHOLD MEMBERS INFORMATION

NAME (LAST, FIRST)	DATE OF BIRTH	AGE	Circle if Applicable	NEED DAY CARE	LIST ANY DISABILITIES
			T Toddler	YES / NO	
			P Preschooler		
01			T/P		
02			T/P		
03			T/P		
05			T/P		

HOUSEHOLD INFORMATION

<p>GROSS MONTHLY INCOME</p> <p>Attach SAR income information, check stub or Letter from employer</p>	<p>ANY OTHER MONTHLY INCOME</p> <p>(Describe)</p>	<p>PUBLIC ASSISTANCE</p> <p>(Circle All that apply)</p> <p>TANF: YES NO</p> <p>FOOD STAMPS: YES NO</p>
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EDUCATION/TRAINING INFORMATION

	STUDENT	SPOUSE (If applicable)								
SWTJC MAJOR OR COURSE OF STUDY										
CURRENT GPA										
CREDIT HOURS ENROLLED										
FRESHMAN OR SOPHMORE										
<p>EXPECTED FINANCIAL AID</p> <p>FOR SEMESTER APPLYING LIST HOW MUCH.</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">PELL</td> <td style="width: 25%;">STATE Grants</td> <td style="width: 25%;">Scholarship</td> <td style="width: 25%;">Other</td> </tr> </table>	PELL	STATE Grants	Scholarship	Other	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">PELL</td> <td style="width: 25%;">STATE Grants</td> <td style="width: 25%;">Scholarship</td> <td style="width: 25%;">Other</td> </tr> </table>	PELL	STATE Grants	Scholarship	Other
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CCAMPIS GRANT STUDENT INFORMATION

Semester/Year CCAMPIS Grant services started: _____

I acknowledge with signature below that all the above stated information is true and if found otherwise will result in the termination of services under this program.

Signature

Date

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