

**Lower Cape Emergency Child Care Fund  
Application**

Name of applicant (parent/guardian): \_\_\_\_\_

Child's name: \_\_\_\_\_ Age/grade enrolled: \_\_\_\_\_

Mailing/residential address: \_\_\_\_\_

Home phone no. \_\_\_\_\_ cell no. \_\_\_\_\_

Number of adults in home: \_\_\_\_\_ Number and ages of children: \_\_\_\_\_

Adult(s) employed \_\_\_\_\_

Your household income last month: \_\_\_\_\_

Name of childcare provider/program to be paid with these funds: \_\_\_\_\_

\_\_\_\_\_

Address & phone # of location where childcare will take place: \_\_\_\_\_

\_\_\_\_\_

Is this provider licensed? \_\_\_\_\_ Relationship (if any) of provider to applicant: \_\_\_\_\_

What are your total monthly child care expenses: \_\_\_\_\_ for how many children: \_\_\_\_\_

Please list separately the child care expenses and needs for each child in your household:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Days/wk: \_\_\_\_\_ Fee/wk/mo. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Days/wk: \_\_\_\_\_ Fee/wk/mo. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Days/wk: \_\_\_\_\_ Fee/wk/mo. \_\_\_\_\_

What is the balance at this time of your childcare tuition bill: \_\_\_\_\_

What child care fee(s) can you afford at this time: \_\_\_\_\_

How long do you expect to need this assistance paying child care: \_\_\_\_\_

Have you applied to other sources for help: \_\_\_\_\_ If yes, where: \_\_\_\_\_  
Lower Cape Coutreach  
Council \_\_\_\_\_ Church \_\_\_\_\_ Town \_\_\_\_\_ Other (please  
specify) \_\_\_\_\_

Is there someone who would advocate for your circumstances: \_\_\_\_\_

Name & phone #: \_\_\_\_\_

Please list your reasons for applying for these funds at this time: (use additional paper if required) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like the committee to know about your  
situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby verify that the information provided above is correct.

Your  
signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring agency signature (if  
applicable): \_\_\_\_\_

*Please fill out all information in this application. You are encouraged to provide as much supporting information as possible, both specific information about your circumstances and copies of relevant financial documentation. Review of your application will be preceded by conversations with you and with your childcare provider. Submit completed application to: Cape Cod Children's Place, PO Box 1935, N. Eastham, MA 02651 phone- 508-240-3310; fax- 508-240-2352*

This fund is administered by Cape Cod Children's Place, Inc. and supported by community donations. Applications will be reviewed by a committee of community volunteers. Awards will be made based on applicant's needs and availability of funds.