

**Western Indiana Community Action Agency**  
**Paul J Kelley II, Executive Director**  
**SCHOOL AGE CHILD CARE**  
**CONFIDENTIAL ENROLLMENT APPLICATION**  
**2011-2012**

There is a \$15.00 registration fee, per child.

<i>For office use only</i> Scholarship _____ Registration Fee _____ Emergency Rate _____
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Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_

Child resides with (Please circle one):    Both Parents            Mother            Father            Other  
Comments \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent email address: \_\_\_\_\_

Do you give consent for your child to be photographed or videotaped for the purpose of advertisements or grants? \_\_\_\_\_

Additional people we may contact or that may pick up your child in an emergency:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Hospital you prefer for emergency treatment. \_\_\_\_\_

Does your child have any medical conditions or concerns we should know about to better care for your child?  
\_\_\_\_\_

Does your child have any know allergies? \_\_\_\_\_  
***Food allergies must have a doctor's statement before we can serve your child an alternate snack.***

Is your child currently taking any routine medications? \_\_\_\_\_

Do you approve of Basic CPR or 1<sup>st</sup> Aid treatment for your child when necessary? \_\_\_\_\_

Does your child receive services from Covered Bridge Special Education District? \_\_\_\_\_  
If yes, what is the diagnosis? \_\_\_\_\_

## 2011 - 2012 Rate Schedule

Hours (per week)	1 Child	2 Children	3 Children	4 Children	5 Children	6 Children
.25 - 6.25	\$40.00	\$70.00	\$100.00	\$130.00	\$160.00	\$190.00
6.5 - 13.25	\$60.00	\$105.00	\$160.00	\$210.00	\$260.00	\$310.00
13.5 - 25	\$70.00	\$125.00	\$190.00	\$250.00	\$310.00	\$370.00

Late Fee of \$1.00 **per child, each minute** to be added after 6:00 PM.  
No Exceptions!

In case of illness or injury of my child, and in the event that all efforts to reach me fail, I hereby give my permission to SACC to follow the appropriate procedure to secure the medical attention needed for my child. I will assume responsibility for the necessary expenses involved in the treatment of my child. I also grant permission to release my child to the people listed above in the event they cannot contact me. I understand that in the event my child is not picked up by 6:00pm, and all attempts to contact parents/emergency contacts have failed, SACC will contact the appropriate authorities.

By signing below, I acknowledge that I am responsible for payment of all childcare expenses and that the cost of childcare has been explained to me. I will pay off my School Age Child Care balance on a weekly basis, either by paying the childcare providers at my child's school, mailing a check to the PO Box, or bringing a payment into the office at 5<sup>th</sup> and Deming. If I become delinquent in my payments, I understand that I may receive a letter in the mail explaining that my childcare privileges have been terminated until I pay my balance in full.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I have received a parent handbook.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of application, please submit by:

-Mail @  
705 South 5<sup>th</sup> Street  
Terre Haute, IN 47807

or

-Hand to the School Age Child Care  
provider at your elementary school.

Phone: 812-232-1264 Fax: 812-232-9634

Western Indiana Community Action Agency, Inc. is an equal opportunity provider and employer. All services will be provided without discrimination because of race, age, color, religion, sex, handicap, national origin or ancestry.

Western Indiana Community Action Agency, Inc.

Household Survey for the Improvement of Client Services

Name (Head of Household) \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Which Program Services are you applying for?

- Energy Assistance, Head Start, Weatherization, Indigent Medical Care, Foster Grandparents, RSVP, WIC, School Age Child Care, Section 8 Housing, Owner Occupied Rehab, Other

Number in Household (Do not count unborn children): \_\_\_\_\_ Male(s) \_\_\_\_\_ Female(s) \_\_\_\_\_ Total

Ethnicity (how many in each category): \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Ages of everyone in household (how many in each category):

0-5 yrs., 6-11 yrs., 12-17 yrs., 18-23 yrs., 24-44 yrs., 45-54 yrs., 55-69 yrs., 70 and over

Race of everyone in household (how many in each category):

White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other, Multiracial

Education level of all adults in the household 24 years and older ONLY (how many in each category):

0-8 grade, 9-12 non-graduate, High school graduate or GED, 12 grade + some post secondary, 2 to 4 year college graduate

Number in household who:

Have No Health Insurance, Are Disabled

Family Type: Single Parent (female), Single Parent (male), Two Parent, Single Person, Two Adults – No Children, Other

Housing: Own, Rent, Homeless, Other

Source(s) of Family Income (check as many as applicable):

- No Income, TANF, SSI, Social Security, Pension, General Assistance, Unemployment Insurance, Employment + Other Sources, Employment Only, Other

**Income** – Please check total number in household and indicate the amount of your total family annual income:

***Check one section only***

\_\_\_\_\_ **One** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$5,415       | <input type="checkbox"/> \$5,416 to \$8,123   | <input type="checkbox"/> \$8,124 to \$10,830  | <input type="checkbox"/> \$10,831 to \$13,538 |
| <input type="checkbox"/> \$13,539 to \$16,245 | <input type="checkbox"/> \$16,246 to \$18,953 | <input type="checkbox"/> \$18,954 to \$21,660 | <input type="checkbox"/> \$21,661 and over    |

\_\_\_\_\_ **Two** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$7,285       | <input type="checkbox"/> \$7,286 to \$10,928  | <input type="checkbox"/> \$10,929 to \$14,570 | <input type="checkbox"/> \$14,571 to \$18,213 |
| <input type="checkbox"/> \$18,214 to \$21,855 | <input type="checkbox"/> \$21,856 to \$25,498 | <input type="checkbox"/> \$25,499 to \$29,140 | <input type="checkbox"/> \$29,141 and over    |

\_\_\_\_\_ **Three** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$9,155       | <input type="checkbox"/> \$9,156 to \$13,733  | <input type="checkbox"/> \$13,734 to \$18,310 | <input type="checkbox"/> \$18,311 to \$22,888 |
| <input type="checkbox"/> \$22,889 to \$27,465 | <input type="checkbox"/> \$27,466 to \$32,043 | <input type="checkbox"/> \$32,044 to \$36,620 | <input type="checkbox"/> \$36,621 and over    |

\_\_\_\_\_ **Four** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$11,025      | <input type="checkbox"/> \$11,026 to \$16,538 | <input type="checkbox"/> \$16,539 to \$22,050 | <input type="checkbox"/> \$22,051 to \$27,563 |
| <input type="checkbox"/> \$27,564 to \$33,075 | <input type="checkbox"/> \$33,076 to \$38,588 | <input type="checkbox"/> \$38,589 to \$44,100 | <input type="checkbox"/> \$44,101 and over    |

\_\_\_\_\_ **Five** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$12,895      | <input type="checkbox"/> \$12,896 to \$19,343 | <input type="checkbox"/> \$19,344 to \$25,790 | <input type="checkbox"/> \$25,790 to \$32,238 |
| <input type="checkbox"/> \$32,239 to \$36,685 | <input type="checkbox"/> \$36,686 to \$45,133 | <input type="checkbox"/> \$45,134 to \$51,580 | <input type="checkbox"/> \$51,581 and over    |

\_\_\_\_\_ **Six** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$14,765      | <input type="checkbox"/> \$14,766 to \$22,148 | <input type="checkbox"/> \$22,149 to \$29,530 | <input type="checkbox"/> \$29,531 to \$36,913 |
| <input type="checkbox"/> \$36,914 to \$44,295 | <input type="checkbox"/> \$44,296 to \$51,678 | <input type="checkbox"/> \$51,679 to \$59,060 | <input type="checkbox"/> \$59,061 and over    |

\_\_\_\_\_ **Seven** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$16,635      | <input type="checkbox"/> \$16,636 to \$24,953 | <input type="checkbox"/> \$24,954 to \$33,270 | <input type="checkbox"/> \$33,271 to \$41,588 |
| <input type="checkbox"/> \$41,589 to \$49,905 | <input type="checkbox"/> \$49,906 to \$58,223 | <input type="checkbox"/> \$58,224 to \$66,540 | <input type="checkbox"/> \$66,541 and over    |

\_\_\_\_\_ **Eight** in household - *Check income range below*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$0 to \$18,505      | <input type="checkbox"/> \$18,506 to \$27,758 | <input type="checkbox"/> \$27,759 to \$37,010 | <input type="checkbox"/> \$37,011 to \$46,263 |
| <input type="checkbox"/> \$46,264 to \$55,515 | <input type="checkbox"/> \$55,516 to \$64,768 | <input type="checkbox"/> \$64,769 to \$74,020 | <input type="checkbox"/> \$74,021 and over    |

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that the information provided above is correct and true to the best of my knowledge. I give my consent to WICAA to use this survey to improve client services and comply with Federal reporting requirements.