



Stanislaus State Child Development Center

RETURN TO:

Stan State Child Development Center
One University Circle
Turlock, CA 95382

CCAMPIS APPLICATION (CHILD CARE ACCESS MEANS PARENTS IN SCHOOL)

Infant License: 500321740 Preschool License: 500317738

Student-parent applicants are considered for childcare assistance through CCAMPIS funding based on eligibility status, financial income, need, resources, and family contribution levels. Qualifying parents will receive a reduced tuition rate.

Eligibility Guidelines:

- Undergraduate students must be receiving a PELL Grant or be PELL Grant eligible based on the Expected Family Contribution. A FAFSA must be completed and on file with the Office of Financial Aid.
- Graduate/International student enrolled at Stan State may be eligible to receive CCAMPIS assistance pending verification of eligibility and Expected Family Contribution.
- Childcare services must be at the Stan State Child Development Center (CDC).

Program Requirements:

- Attend at least one parent night, orientation, or workshop each semester.
- Attend at least one academic counseling session each academic year.
- Pay monthly-reduced tuition for childcare provided.
- Submit a pre-semester and end of semester evaluation.
- Maintain good academic progress each semester (**GPA of 2.0** or higher).
- Enrolled in a minimum of **6 units** per semester.

If you are interested in childcare through our program, please complete the application on the following pages **completely** and return with additional required forms to the address provided above. Applicants awarded the funding will be contacted by the Stan State CDC.

Section 1 - DEMOGRAPHIC INFORMATION

ACADEMIC YEAR 2019-2020

Stan State Student ID #: _____ New Applicant _____ Returning Applicant _____

Applicant Name First: _____ Last: _____

Spouse/Partner Name First: _____ Last: _____

Current (Street/Mailing) Address: _____

City: _____ State _____ Zip Code: _____

Permanent Address: _____

City: _____ State _____ Zip Code: _____

Phone Numbers Home: _____ Work: _____ Cell Phone: _____

E-mail Address (Stan State): _____ (personal email) _____

Race/Ethnicity: (Select all that apply)

- American Indian or Alaska Native Asian Black or African America
 Hispanic or Latino White Hawaiian or Pacific Islander

Gender: Female Male

Household Status: Married Not Married and Independent Not Married & a Dependent of Parents

Are you a Citizen of the U.S.? Yes No If not, what is your status? _____ Country _____

Section 2 – COLLEGE INFORMATION

Major: _____ College: _____

Cumulative Units to Date: _____ Current Enrolled Units: _____

Expected Graduation Date (mm/yyyy): _____ GPA Current: _____ Cumulative: _____

Have you completed a FAFSA form? Yes No Are you receiving a Pell Grant? Yes No

Student Status: Undergraduate Master's Degree

Are you a transfer student? If yes, from where are you transferring? _____

Name of Parent Affiliated with Stan State _____

Is your Spouse/Partner a student? Yes No If yes, at what college/university? _____

Are you the first to attend college in your family? Yes No

Section 3 – CHILD CARE PROVIDER INFORMATION

Does your child currently receive childcare? Yes No If yes, where? _____

Are you currently receiving childcare assistance through the Department of Human Services? Yes No

Do you receive other financial support for childcare tuition such as non-custodial parent, extended family contributions, military childcare assistance, tribal childcare subsidy, or any other agency support? Yes No

Complete the following for the **children you wish to receive CCAMPIS funding for:**

Please list the names and birth dates of the children in your household (between the ages 2 months-5 years) for whom you are requesting assistance.				For Program Use Only
Child's Name	Child's Date of Birth (Month/Day/Year)	Child's Age	Male/Female	Monthly Cost to Parent

Total number of persons living in household (children and adults including yourself): _____

Section 4 – FINANCIAL INFORMATION

Income Source	Self	Spouse/Partner
Grants		
Loans		
Public Assistance (indicate type below)		
Income from work	\$ _____/month or \$ _____/year	\$ _____/month or \$ _____/year
Other Sources of Income: \$ _____ Family funding \$ _____ Child Support \$ _____ SSI \$ _____ Unemployment \$ _____ Alimony \$ _____ Other		

Section 5 – CCAMPIS Letter of Agreement

In order to receive the CCAMPIS grant assistance for child care services, ALL CCAMPIS recipients must complete all program requirements each year in order to continue receiving services.

Please initial that you have read, understand, and agree to the following:

____ I understand that the goal of the CCAMPIS program is to assist me with child care expenses so that I can remain enrolled at Stan State, and persist towards earning my degree.

____ My participation in the program is dependent upon my successful completion of semester units on a consistent basis towards earning my degree.

____ If I drop classes during any given semester and fall below full-time status, I agree to contact the CCAMPIS Program Coordinator immediately.

____ I understand I am immediately responsible for 100% of all childcare fees charged by the center if I withdraw as a student from Stan State.

____ I understand that I will be required to complete regular program evaluations and this is essential to my ongoing funding through the CCAMPIS program.

____ I understand that I am required to attend one academic counseling session each year and one parent night, orientation, or workshop each semester that I am enrolled in the CCAMPIS program.

____ I understand and I give permission for the Stan State Child Development Center to access my personal financial and academic information through the Stan State Financial Aid and Registrar's Office to determine my eligibility for enrollment in the CCAMPIS program.

____ I understand that aggregate information, but no personal information will be shared with the U.S. Department of Education in Washington D.C., who funds this program.

____ I agree to complete a post Stan State graduation survey, even after my child is no longer receiving services at the Stan State CDC pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.

I have read and understand the attached guidelines and hereby certify that the information in this application is complete and accurate to the best of my knowledge. I understand and accept the obligations of the program and will provide a written report to the CCAMPIS Program Coordinator of any changes in the information provided on this application within 10 days of the change. If I do not, I understand that I am financially responsible for all childcare tuition costs charged by the CDC. Changes may include, but are not limited to my Stan State enrollment, number of units, and financial status.

Signature _____ Date: _____

Forms to submit after enrollment:

____ Financial Aid Award

____ Class Schedule

____ Proof of Residence

____ Work Schedule

How did you hear about the Child Development Center?

Referred by: _____ Radio Ad _____ Newspaper _____ Ad _____ Flyer _____

Event _____ Internet search _____ Website _____ Other (Explain): _____

Semester/year requesting care: _____

Session(s) Requests: mark the session(s) below that you would like to enroll your child in.

Infant (2 mos. to 2 years)

Toddler (2 to 3 1/2 years)

Preschool (3 1/2 to 5 years)

Early Morning Care:

7:45am-8:15am

AM 8:15a.m.-11:15 a.m.

PM: 1:00 p.m.-4:00 p.m.

_____ MWF EMC

_____ MWF AM

_____ MWF PM

_____ TTH EMC

_____ TTH AM

_____ TTH PM

ADMINISTRATION USE ONLY

Date received application: _____

Meet eligibility requirements: _____ Y _____ N

Date reviewed application: _____

Subsidy Percentage: _____

Notes and Documentation of Correspondences

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

Date _____ **Your Name** _____

Situation/Conversation (be very specific) _____

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