---------- KEEP THIS PAGE FOR YOUR RECORDS----------

►We offer two grants for Early Child Care and Education scholarship assistance for children; the first is Carl Perkins Dependent Care Services (DCS). This grant is for Professional Technical majors. The second grant is Child Care Access Means Parents in School (CCAMPIS). If you receive a child care slot, you are responsible for paying $25.00 or $35.00 a week per child for 16 weeks. Your cost for the entire semester ranges from $400.00 - $560.00. The registration fee for the semester for both child scholarships is $40.00. You will be notified of tuition and due dates when you are notified regarding your acceptance. Payments may be made in three installments.
Get out of line and get on-line! Pay your child care services on-line. Visit the Alamo Colleges Virtual Business Office. Go to http://alamo.edu/district/virtual-business-office/

DCS & CCAMPIS - $25 OR $35/WEEK	***$25.00/WEEK***	***$35.00/WEEK***
1ST PAYMENT &REGISTRATION FEE	*$150.00 + $40.00 = $190.00*	*$210.00 + $40.00 = $250.00*
2ND PAYMENT	*$75.00*	*$105.00*
3RD PAYMENT	*$175.00*	*$245.00*
SEMESTER COST TO STUDENT	*$440.00*	*$600.00*

►Helpful Hints:
To register for classes, Log in to ACES on http://alamo.edu/sac Type in your user name and password.

To print your *Concise Student Schedule*, go to *Student* tab on ACES. Click on *Web Services*, then click *Student and Financial Aid*. Click *Registration* and then *Concise Student Schedule*. Under term, select appropriate term, and then *Submit*.

To print your *Account Summary by term*, go to *Student* tab on ACES. Click on *Web Services*, and then click *Student and Financial Aid*. Click on *Student Account*, and then click *Account Summary by term*.

To print your *Financial Aid Award History*, go to *Student* tab on ACES. Click on *Web Services*, and then click *Student and Financial Aid*. Next, click on *Financial Aid* tab. Click on *Award*, and then click *Award History*.

►Include a degree plan that indicates courses you have completed along with grades; courses in which you are currently enrolled; and the courses you plan to take in future semesters. To obtain your current degree plan, please see an academic advisor. Your degree plan must be signed and dated by an advisor. Include a phone number for your advisor.

- If you are an **Associate of Applied Science** major or seeking a certificate in an AAS program, see an advisor from the specific department of your major.
- If you are an **Associate of Arts** major, an **Associate of Science** major or an **Associate in Arts in Teaching** major, get advised by a faculty member in the department that represents your area of concentration.
- If you are Associate in Arts with a concentration in **Liberal Arts**, you must see a counselor at the counseling center.

►*Please note:* Placement in child care slots is dependent upon availability in specific age groups and availability of Carl Perkins (DCS) and CCAMPIS funds. This application does not guarantee a child care slot. Your application will be reviewed and scored and you will be notified.

►You must provide proof ***upon admission*** to the center of the following for your child(ren):

1. Updated proof of immunization record.
2. Proof of a physical exam within the past six months.

►A state law requires some college students show evidence of receiving a bacterial meningitis vaccination. For more information, visit Admissions on-line.

►We will be using a rubric to qualify students to our program. See page 6 for sample of rubric. We will look at criteria such as number of hours enrolled, grade point average and progress toward your goal of graduating.

►If you need assistance completing the application, our staff are ready and willing to help you! Contact Norma Padilla at (210) 486-0500.

Return application in person to:
Ms. Norma Padilla - San Antonio College Department of Early Childhood Studies
ECSB Room #208 – Phone # (210) 486-0500

ALAMO COLLEGES

SAN ANTONIO COLLEGE

DEPARTMENT OF EARLY CHILDHOOD STUDIES

Hours of Operation: Monday – Friday from 7:30 a.m. – 4:30 p.m.

CHILD CARE AND EDUCATION APPLICATION

CRITERIA:

1. Student must be enrolled for at least six hours. Your major must be verified so be sure that it is current. We can provide the necessary major change form if you need one. Students who are taking at least six hours a week of Basic Skills (ESL, GED) may also qualify. The more hours in which you are enrolled, the better your chances are to receive the scholarship (please see rubric on p.6).

2. Student must be eligible to receive State needs-based funds (**such as one of the following:** Pell Grant, SEOG, TANF, Lone Star card, WIC or Medicaid... **student must provide documentation).**

3. Student must be in good academic standing at the conclusion of the current semester (minimum overall 2.0 G.P.A.).

4. **Student must submit with this application a copy of the most current income tax return form.** If you do not have an income tax return form, you must submit your household income tax return form. **If you are not a U.S. citizen, you must provide a copy of your visa.**

5. **Student must submit with this application a copy of current degree plan signed by an academic advisor.** Please make sure you are enrolled only in classes on your degree plan. See page 1 for more information.

6. **Slots fill up quickly so please do not wait until the last minute to turn in your completed application. Classroom placement begins mid July for the Fall semester and the first week in December for the Spring semester. Priority deadline is December 4th at 12:00 noon.**

7. Students **must** attend three (3) Parenting Workshops on campus each semester. Workshops will be held through San Antonio College and *Precious Minds New Connections.* Failure to attend will result in forfeiture of slot for at least one semester. Students are required to complete four (4) volunteer hours in their child's classroom each semester.

8. ***APPLICATIONS MUST HAVE ALL REQUIRED DOCUMENTATION TO BE ACCEPTED***. This includes: Concise Student Schedule, Financial Aid Award History, Account Summary, Degree Plan and Income Tax Return. If you do not receive financial aid, copies of Medicaid Form, WIC card or Lone Star cards must to be included with your application.

CHECKLIST: ***(See page 1 for specific instructions).***

____ 1. Register for classes through ACES.
____ 2. Print and attach your *Concise Student Schedule*.
____ 3. Pay your tuition bill. Print and attach a copy of your *Account Summary* **and** a copy of your *Financial Aid Award History.*
____ 4. If you do not receive Financial Aid, please turn in copies of **one** of the following: WIC card, Lone Star Card **or** Medicaid form.
____ 5. Attach a copy of your most recent income tax return.
____ 6. Attach a signed and dated copy of your current degree plan.

Note: We have computers and a printer available in ECSB Room 204. The printer requires a go-print card. Go-print cards can be purchased for $1.00 (accepts dollar bills) in ECSB Room 204. Each document is 10 cents per page. Also, we have a copier in ECSB Room 215 to make copies of your documents. Each copy is 10 cents per page.

***PLEASE NOTE*: PLACEMENT IN CHILD CARE SLOTS IS DEPENDENT UPON AVAILABILITY OF SPACE IN SPECIFIC AGE GROUPS AND UPON AVAILABILITY OF CCAMPIS AND CARL PERKINS FUNDS. THIS DOES *NOT* GUARANTEE A CHILD CARE SLOT. YOUR APPLICATION WILL BE REVIEWED AND YOU WILL BE CONTACTED.**

SAN ANTONIO COLLEGE DEPARTMENT OF EARLY CHILDHOOD STUDIES

[Please print clearly and fill out entire application.]

Name_____ Date_____

Address_____
(Street) (Apt#) (City) (Zip Code)

Banner ID#_____ Birth date_____

Home Phone #_____ Cell phone #_____ Work # _____

Emergency phone # _____Name_____Relationship_____

Email address:_____

Number of children needing Child Care _____ Number of Minor Children in Family _____

Child's Name	Birth date	Age

Is child(ren) toilet ready? ( ) Yes ( ) No Is child(ren) walking? ( )Yes ( ) No

Does the child have special needs? ( ) Yes ( ) No If yes, please explain:_____

Have you applied for Pell Grant*? ( ) Yes ( ) No *If yes, have you received Notification of Award? ( ) Yes ( ) No

*Are you receiving **TANF** ( ) Yes ( ) No **Lone Star Card** ( )Yes ( )No **WI**C ( )Yes ( ) No **Medicaid** ( )Yes ( )No

Other _____*Please provide documentation if you are receiving financial assistance.

Marital Status:(***Circle One***:) Single Married Separated Divorced

What is your major?_____ Is this your first time attending college? ( ) Yes ( ) No

Are you a U.S. citizen? ( ) Yes ( )No

For grant purposes, please tell us your ethnicity? Circle one: Hispanic White Black Asian American Indian/Alaskan Native International Other: _____

How many people live in your household? _____ What is your yearly income?_____

Please provide your current income tax return form or household income tax return form.

How many hours will you enroll in this semester?_____ How will you be paying for your college tuition?_____

Indicate semesters for which you are seeking assistance:_____

Do you have a college degree? _____Yes ____ No If yes, in what field and from what college? _____

Are you employed full-time by Alamo Colleges? ____ Yes ____ No

Do you prefer an on-campus slot or an off-campus slot? _____ **(Off-campus slots must be at a nationally accredited center. You must pick a child care center from our list. A list will be provided to you when you are approved for a slot.)**

Have you primarily devoted yourself to make a home and been left alone because of separation/divorce, death or an absent spouse (displaced homemaker)? _____Yes _____No

Have you worked primarily in the home and need to develop marketable skills (homemaker)?_____Yes _____No

Are you a person who is unmarried or legally separated and has sole or joint custody of minor children (single parent)?
_____Yes _____No

Are you a person who is unmarried or legally separated and is pregnant? ___ Yes ___ No

Have you been in the foster child system? ___ Yes ___ No _____.

Do you have a physical disability? Please explain _____.

Are you presently enrolled or do you plan to enroll in ESL (English Second Language) classes or have you attended high school ESL classes in the past year? _____Yes _____No

What is your mother's highest level of education completed? Circle one: Less than high school, High School/GED, Some college, Associate degree, Bachelor's degree, Master's degree, Ph. D., Unknown.

What is your father's highest level of education completed? Circle one: Less than high school, High School/GED, Some college, Associate degree, Bachelor's degree, Master's degree, Ph. D., Unknown.

Are you active duty or veteran in Military? __Yes __ No Is your spouse active duty or veteran in Military? __ Yes __ No

---

EARLY CARE AND EDUCATION INFORMATION:

*In order for your application to be accepted, you must include your *Financial Aid Award History* from ACES, a copy of your *Account Summary* from ACES, a copy of your *Concise Student Schedule* from ACES, a *current income tax return and a copy of your current degree plan (signed by academic advisor)*. If you do not receive financial aid, please submit a copy of Medicaid form, WIC **or** Lone Star Card. If you are a non-citizen, a copy of immigrant visa must be included.

*Your eligibility for early care and education is dependent on your enrollment in at least six (6) college credit hours per semester. You must inform the department and center immediately if you drop a course. If you fail to let the department know when you drop a course, your child care will be forfeited. Any student that drops below six (6) hours will be required to pick up additional college hours thru the flex-term semester. If you drop a class after the flex term semester has begun, then your child care will be forfeited. If you drop a class after the drop date, then your child care will be forfeited.
No exceptions will be made.

*Midterm grades will be checked. If your GPA is below 2.0 for the current semester, you will be given the opportunity to raise your GPA and must show that you have made an effort to raise your GPA. Ways to do this include: getting a tutor, using the SLAC lab or attending Basic Skills classes. Your GPA will be monitored and your child care status will be determined for the following semester. Your GPA must go up to be eligible for child care services.

*You must attend three (3) Parenting Workshops each semester. These workshops will be held through San Antonio College and *Precious Minds New Connections*. Your child care eligibility will be determined based on your attendance of these workshops. You must attend three workshops per semester to be eligible for child care services.

*You are required to complete four (4) hours in the Parent Participation Program in your child's classroom.

*If you are selected for child care: *you will be notified by phone*. If you are unavailable to be contacted through the phone number on your application, it will be your responsibility to call the Department of Early Childhood Studies (210) 486-0500 to find out your child care status.

*If you receive a DCS or CCAMPIS slot, the child care tuition for the semester is $400.00 or $560.00. Tuition and registration fees are **due on the Friday before the semester begins at 12:00 noon.** The child care registration fee is $40.00. Three installment payments are available. See page 1 for tuition fees. You will be informed of which payment you will pay when you are notified of your child care status.

*You will be required to have a parent/teacher conference with your child's teacher before the end of the semester. The teacher will give you a signed paper indicating that the conference has been completed. Please turn in to Norma Padilla in room 208.

*You must present proof ***upon admission*** to the center of the following for your child(ren):

1. Updated proof of immunization record.
2. Proof of a physical exam within past six months.

If these items are not turned in by given deadline, your child will not be able to begin child care. All paperwork must be turned in by given deadline or childcare may be forfeited.

*Returning students must submit a *Renewal Form* for the spring semester and must meet the following requirements:

a. Submit a copy of *Concise Student Schedule, Financial Aid Award History and Account Summary*.
b. Be enrolled for at least six (6) hours for the semester.
c. Must be in good academic standing at the conclusion of the current semester (see above notes regarding GPA)
d. Must attend three (3) parenting workshops through San Antonio College and *Precious Minds New Connections* each semester.
e. Volunteer for four (4) hours in the Parent Participation program in my child's classroom.
f. Attend a scheduled parent/teacher conference with my child's teacher(s) at the end of each semester.

***ALL STUDENTS MUST RE-APPLY FOR CHILD CARE SERVICES EACH FALL SEMESTER.**

*If you do not receive a slot and are on the waiting list, you must submit a Concise Student Schedule, Financial Aid Award History, and Account Summary for the next semester. This is necessary to keep our records current.

*The DCS and CCAMPIS grant is offered to low income students of San Antonio College. If student leaves San Antonio College, even to transfer to another college, child care slots become available to students on waiting list.

Please sign to indicate you have read and understand the above. I certify that the information provided in this application is accurate.

_____ _____

Signature Date

This is a sample rubric in which your application is scored. The higher your score the better your chance for a scholarship for childcare

SAMPLE

SAC Child Care Application Rubric – Name of Student: _____
Banner Number: _____ Semester: _____
Grant: CCAMPIS Carl Perkins

Degree plan	*****At least one course in which student is currently enrolled is not on degree plan (exclude 1 hour P.E. course) 1 point	All courses in which student is currently enrolled are listed on degree plan or are pre-requisites 3 points		
Progress on degree plan	Student is FTIC and is just beginning their plan 3 points	*****Student is just beginning their degree plan but has previous course credit that isn't part of their current plan 1 point	Course history shows that student is on track – all courses taken are on the submitted plan 3 points	
Grade point average	No previous college courses 3 points	*****2.0-3.0 with no dropped courses 2 points	*****3.0-4.0 with no dropped courses 3 points	*****2.0-4.0 with at least one dropped course 1 point
Number of credit hours enrolled	*****6 hours 1 point	*****7-9 hours 3 points	*****10-12 hours 5 points	*****13+ hours 6 points
Student is Military – Active duty, veteran, spouse of active duty	No 0 points	Yes 5 points		
Continuing from previous semester	No – new applicant 2 points	Yes – and student parent completed all requirements (workshops; observation hours; teacher conference) 3 points	*****Yes – but student parent did not complete all requirements (workshops; observation hours; teacher conference) 1 point	

***Include data**

Total Points: _____ Weekly Rate: _____ Processed by: _____

CENTER FOR NEW COMMUNITIES
and
ALAMO COMMUNITY COLLEGE DISTRICT
CHILD AND ADULT CARE FOOD PROGRAM PARTNERSHIP

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____

Date of Enrollment: _____

CENTER NAME: San Antonio College Early Childhood Center

IMPORTANT

This form must be completed on or before the child's date of enrollment. Texas Department of Agriculture (TDA) Child and Adult Care Food Program (CACFP) requires that enrollment information must be updated annually (at least every 12 months). Child cannot be claimed for reimbursement if enrollment document is not complete and current.

ENROLLMENT CERTIFICATION

TDA CACFP requires that parent/guardians complete the following information and sign as proof of proper enrollment for all children who receive meals that are claimed for reimbursement.

Meals/snacks normally served to the child while in care (check all that apply):

_____Breakfast _____Lunch _____P.M. Snack

Days and hours the child is normally in care:

Days (check all that apply): M____ T____ W_____ TH_____ F_____

Hours: _____a.m./p.m to _____a.m./p.m.

I acknowledge that I have received a copy of the following parent notifications:

- "Building for the Future" flyer
- WIC Information

Parent or guardian's signature: _____**Date of signature:** _____

Printed Name: _____

Address: _____

City: _____State: _____Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Signature of Facility Representative: _____ Date: _____

Date of Child Withdrawal: _____

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660),* provide the name of the program and case number: NAME: _____ CASE NUMBER: _____

Check here if no case number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received**			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _ * _ * _ * - _ * _ * - __ _____ ❑ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino Not Hispanic or Latino	☐ Asian ☐ White Black or African American	☐ American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ___Date Withdrawn: _____ Eligibility: Free____Reduced____Denied____ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date:

Confirming Official's Signature: _____ Date:

Follow-up Official's Signature: _____ Date:_____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier
or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."