

Scott County Kids Early Childhood Iowa Preschool Scholarship Program

1221 Myrtle Street
Davenport, IA 52804
563-323-1821

Applicant's Name _____

Address _____
Street
City
State
Zip Code

Phone Number _____ Work/School Phone Number _____

Email address _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Child(ren) to receive Scholarship? _____

Relationship to the child(ren): Mother _____ Father _____ Relative _____ Other _____

Number of persons living in the home _____ Number of persons in the family _____

Where did you find out about this program? _____

List all people living in the household. List yourself on the first line.

First/Last Name	Relationship to Applicant	Date of Birth	Gender	Ethnicity (Hispanic or Non Hispanic)	Race	Level of education completed
	Self					

Preschool Provider Information

Name of Preschool Provider _____

Address _____

Phone Number _____

Is the childcare provider licensed or registered with the State of Iowa? Yes _____ No _____

If yes, indicate registration or license number _____ Expiration date _____

Does this childcare provider carry liability and accident insurance to cover all children in care? _____

If this provider is a relative, what is the relationship to the child(ren) _____

Payment rate charged by above provider **per child** (complete only one):

\$ _____ per hour \$ _____ per day \$ _____ per week

Date you started with this provider _____

Preschool Schedule

Child's Name	From	Mon	Tues	Wed	Thurs	Fri
	From					
	To					
	From					
	To					

WORK & SCHOOL SCHEDULE

APPLICANT _____ Date you started working at this job _____

Employer's Name _____	Name of School _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
My schedule varies by _____ Days _____ Hours _____ Rotating schedule	
Pay schedule is _____ Weekly _____ Every other week _____ Twice a month _____ Once a month	

OTHER PARENT (if applicable) _____ Date you started working at this job _____

Employer's Name _____	Name of School _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
My schedule varies by _____ Days _____ Hours _____ Rotating schedule	
Pay schedule is _____ Weekly _____ Every other week _____ Twice a month _____ Once a month	

Yearly Income			
Gross Family Income _____	Net income from self-employment _____		
Child Support _____	Unemployment compensation _____		
Alimony _____	Veteran's Benefits _____		
Pensions & annuities _____	Workman's compensation _____		
Social Security _____	Other _____		
Approximate total of family's yearly income _____			
Child support you PAY each month \$ _____			
Two CONSECUTIVE pay stubs for each parent or guardian living in the home must be attached to this application. If self-employed, a copy of last year's income taxes must be included.			

****Proof of address and a copy of the child's birth certificate is needed with this application.**

I certify that the information on this application is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in the spirit of confidence within the agency and is accessible to me during normal business hours.

Signature of Applicant

Date

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PARENT AGREEMENT

- Parent will notify Friendly House within three days of any changes in preschool arrangements.
- Parent will notify Friendly House of any changes in family status and/or income within 15 calendar days.
- Friendly House will pay your provider for up to thirty (30) hours of preschool weekly.
- Parent will review the preschool provider's monthly Statement of Preschool Costs and provide a signature verifying the accuracy.
- Parent agrees to ensure their child's attendance at preschool classes at least 80% of the time each month.
- Parent will be placed on probation for the month following a drop below 80% attendance.
- If attendance continues below the 80% requirement, the family will be dropped from the Preschool Scholarship program at the end of the second month.
- The parent agrees to make the required remainder of bill co-payment to the preschool provider on a timely basis. **Failure to do so may terminate eligibility with the Scott County Kids Early Childhood Iowa Preschool Scholarship Program.**
- The parent agrees to give the current provider a two-week notice if the parent needs to change providers unless the preschool center is deemed unsafe by the Department of Human Services.
- This agreement is valid for the time period indicated below. The family will be reevaluated for continuation near the end of the eligibility period as long as funding remains available. Parent will be notified as such.
- **Preschool assistance can be terminated if agreements are broken.**

I hereby agree to all statements listed above:

Signature of Parent

Date