



C-CAMPIS Programs CHILD CARE DISCOUNT APPLICATION

ELIGIBILITY REQUIREMENTS check all that apply:

- Receiving a Pell Grant or are otherwise Pell Grant eligible
- Enrolled in a CCS credit class
- Currently paying child care and receiving no childcare subsidies from any source for the days I am requesting a C-CAMPIS discount for
- Child must be enrolled at SCC Bigfoot Head Start Child Care Center or SFCC Early Learning Center

PARTICIPANT INFORMATION (Please print)

Parent/guardian's name _____ Veteran Yes No Parent/guardian's CTC# _____

Child's Name _____ Classroom Number _____

Child's Name _____ Classroom Number _____

Child's Name _____ Classroom Number _____

Child's Name _____ Classroom Number _____

Student parents are required to complete a C-CAMPIS program Pre Survey Post Survey

I hereby certify, under penalty of perjury, that the information that I have provided is true and correct as of this date, to the best of my/our knowledge. I authorize CCS Child Care Programs and their assigns to have access to any and all financial records necessary to verify the information contained in this application. I agree to notify C-CAMPIS within ten (10) working days of any changes of circumstances regarding information contained in this application. I agree to respect and follow all C-CAMPIS policies and procedures, and complete the C-CAMPIS program Pre, Post Surveys as required.

Discount only applies while in self pay status, based on daily rates (excluding registration fees), and is conditional on requirements as stated above.

Parent/guardian signature _____ Date _____

Funding is limited. Renewal is subject to funds availability and continuation of Pell eligibility on a quarter by quarter basis. Funds are distributed on a first come, first served basis, with priority given to eligible returning students.

Return this application and Pre-Survey to the Fiscal Specialist at your site:

SCC, Bldg. 20
P: 509-533-7170
F: 509-533-8209

SFCC, Bldg. 29
P: 509-533-3855
F: 509-533-3232

STAFF ONLY

Child care discount is valid beginning: Fall _____ Winter _____ Spring _____ Summer _____

Fiscal Specialist signature _____ Date _____

Center Manager signature _____ Date _____

REVIEW DATES (initial and date)

PELL	Y	N	PELL	Y	N	PELL	Y	N
Self Pay	Y	N	Self Pay	Y	N	Self Pay	Y	N
Enrolled at SCC or SFCC	Y	N	Enrolled at SCC or SFCC	Y	N	Enrolled at SCC or SFCC	Y	N
Quarter Approved	_____		Quarter Approved	_____		Quarter Approved	_____	
FS Initial	_____		FS Initial	_____		FS Initial	_____	
CM Initial	_____		CM Initial	_____		CM Initial	_____	