



children's
development
academy

Thank you for your interest in our center. Currently we are accepting applications for the wait list in the toddlers/preschool age range.

APPLICATION CHECKLIST

Application

- _____ Application for Child Care Services
- _____ Child's Birth Certificate

Scholarship

- _____ Scholarship Application
- _____ Income Documentation (at least 30 days or letter of employment on letterhead)

You may return the applications and documents in person, via email to jleal@cdakids.org, or fax them to (770)992-8049.

All the documents above are needed in order to be added on the wait list.

Feel free to contact me with any further questions.

**89 Grove Way Roswell, Ga 30075
770.992.4006 www.cdakids.org**



CHILD FIRST NAME	LAST NAME	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	
NICK NAME or name child goes by	DATE OF BIRTH	CHILD AGE TODAY	TODAY'S DATE

ADDRESS

CITY	STATE	ZIP CODE
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PREVIOUS SCHOOL

CHILD ETHNICITY / RACE
 WHITE BLACK / AFRICAN AMERICAN HISPANIC / LATINO / SPANISH NATIVE AMERICAN INDIAN
 NATIVE HAWAIIAN / PACIFIC ISLANDER ASIAN

CHILD PRIMARY LANGUAGE	CHILD LIVES WITH <input type="radio"/> MOTHER <input type="radio"/> FATHER <input type="radio"/> BOTH <input type="radio"/> OTHER _____
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CONSENT FOR CHILD TO BE PHOTOGRAPHED
 Pick one: YES NO
 Permission is given for my child to be photographed for identification, publicity, and educational purposes. My child's photo may appear in a newspaper, on the CDA website, or social media, e.g. Facebook

CONSENT FOR STAFF ACCESS TO CHILD RECORDS
 I, _____, give my consent for the following individuals to have access to my child's file or record while my child is enrolled at The Child Development Association: the Family Advocate, the Center's administrative and teaching staff, and the Director. In addition, my child's records may be reviewed by outside agencies, e.g., BFTS, accreditation organizations, and various grantors.

 I understand that all information contained in my child's record will not be released to any other individuals without my written consent.

FAMILY AND CUSTODY INFORMATION
 Parents' Marital Status: MARRIED DIVORCED SEPARATED SINGLE
 Child's Legal Guardians: BOTH PARENTS MOTHER FATHER OTHER _____

If divorced, who has legal custody of the child? _____
 May the non-custodial parent pick up the child? YES NO
 The CDA must be provided with court issued custody papers that clearly describe custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

STATEMENT OF OUTSIDE SERVICES RECEIVED
 Please indicate all services your child/family currently receives. Check all that apply and provide current benefits letter to CDA.
 FOOD STAMPS SSI MEDICAID CAPS TANF (Temporary Assistance to Needed Families)

How did you learn about the CDA? _____
 If referred by a CDA family/staff, please state who referred you: _____



MOTHER / GUARDIAN - FIRST NAME		LAST NAME	RELATIONSHIP TO CHILD
ADDRESS			
CITY		STATE	ZIP CODE
CELL PHONE		HOME PHONE	EMAIL
MOTHER / GUARDIAN ETHNICITY / RACE <input type="radio"/> WHITE <input type="radio"/> BLACK / AFRICAN AMERICAN <input type="radio"/> HISPANIC / LATINO / SPANISH <input type="radio"/> NATIVE AMERICAN INDIAN <input type="radio"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="radio"/> ASIAN <input type="radio"/> OTHER _____			
EMPLOYER			OCCUPATION
EMPLOYER ADDRESS			WORK PHONE
CITY		STATE	ZIP CODE

FATHER / GUARDIAN - FIRST NAME		LAST NAME	RELATIONSHIP TO CHILD
ADDRESS			
CITY		STATE	ZIP CODE
CELL PHONE		HOME PHONE	EMAIL
FATHER / GUARDIAN ETHNICITY / RACE <input type="radio"/> WHITE <input type="radio"/> BLACK / AFRICAN AMERICAN <input type="radio"/> HISPANIC / LATINO / SPANISH <input type="radio"/> NATIVE AMERICAN INDIAN <input type="radio"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="radio"/> ASIAN <input type="radio"/> OTHER _____			
EMPLOYER			OCCUPATION
EMPLOYER ADDRESS			WORK PHONE
CITY		STATE	ZIP CODE

parent / legal guardian signature

date



SCHOLARSHIP APPLICATION

The Child Development Association (CDA) has a limited number of scholarships available to families based on documented need. Please complete this application and submit the following information and income-related documents **for each adult member of your household** over the age of 18. To determine eligibility and the amount of the scholarship, we consider household income (sum of all income received by every household member from any of the sources listed under Household Income section below) and household size (total number of persons living in your place of residence).

Child's First Name _____ Child's Last Name _____

SECTION I: HOUSEHOLD DESCRIPTION

List everyone living in the home (last name first). Include all children and yourself.	Relationship to Applicant (Parent is the Applicant)	Social Security #	Age

Family Type: (check one):

- Two parent household with children Single parent household with children
 Parent & significant other with children Parent & grandparent with children
 Parent & adult friends with children Other _____

PARENT/GUARDIAN VERIFICATION, AUTHORIZATION AND SIGNATURE

I, _____ (Parent/Guardian Name, please print), verify that all information above is true to the best of my knowledge. I understand the following:

- a) this is an application for scholarship assistance for families;
- b) that my family is expected to meet and abide by all of the CDA's policies and procedures and that failure to do so may result in dismissal from the program;
- c) that regular, timely payments of tuition fees are a condition for continuation of the scholarship privilege and that failure to submit timely payments may result in revocation of the scholarship privilege;
- d) that this scholarship application is renewable annually and I must present new financial information every year;
- e) and that giving false information in this application may result in disqualifying my family from the program.

Parent/Guardian Signature _____ Date: _____

ALL DECISIONS MADE BY THE SCHOLARSHIP COMMITTEE ARE FINAL.

SECTION II: HOUSEHOLD INCOME

Each working adult member of the household over the age of 18 must attach documentation of at least one of the following items from the appropriate category:

1. Provide current pay stubs for at least 30 days or a letter of employment on letterhead
2. Provide your most recent summary of income and expenses for your business (income tax return with all appropriate schedules). Provide a statement about the nature of your business.

In the table below, please write the name of each adult household member over the age of 18 that receives income in the first row and their relationship to the applicant in the second row. Then provide the **MONTHLY AMOUNT** of income, before taxes, received by each adult household member (*documentation must be attached for each adult household member).

Name of Adult Household Member	1.	2.	3.	
Relationship to Applicant				
SOURCE OF INCOME				TOTAL
Employment*				
TANF*				
Child Support*				
Alimony*				
Welfare*				
Worker's Comp*				
Unemployment*				
Retirement*				
Social Security*				
Food Stamps, ATP*				
Military/Government*				
Medicaid*				
Other Public Assistance*				
Support from friends				
Support from relatives				
Cash Income				
Other				
TOTAL				

FOR SCHOLARSHIP COMMITTEE'S USE ONLY

Household Income _____ Household Size _____

Scholarship Determination Date _____ Scholarship Awarded Yes No

Scholarship Type A B C D E
 F G H I J

Determining official _____ Weekly tuition fees: _____

Scholarship Start Date _____ Director's initials _____

Comments: _____
