



children's  
development  
academy

## Application Checklist

### Application

- \_\_\_\_\_ Application for Child Care Services
- \_\_\_\_\_ Child's Birth Certificate
- \_\_\_\_\_ Parent/Legal Guardian Identification - A valid driver's license for each parent

### Scholarship

- \_\_\_\_\_ Scholarship Application
- \_\_\_\_\_ Financial information for all adults in the household - current pay stubs for 1 month or letter of employment on a company letterhead

**All the documents above are needed in order to determine if you are eligible to be placed on the waitlist.**

**You may return the application and documents:**  
in person, via email to [jleal@cdakids.org](mailto:jleal@cdakids.org), or fax them to (770)992-8049.

89 Grove Way Roswell, Ga 30075

770.992.4006 [www.cdakids.org](http://www.cdakids.org)



# Application for Child Care Services

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	CHILDS LIVING ARRANGEMENTS <input type="radio"/> BOTH PARENTS <input type="radio"/> MOTHER <input type="radio"/> FATHER <input type="radio"/> OTHER _____
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CONSENT FOR CHILD TO BE PHOTOGRAPHED

Choose 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     WIDOWED       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: \_\_\_\_\_



<b>PARENT / GUARDIAN #1 - FIRST NAME</b>		<b>LAST NAME</b>	<b>RELATIONSHIP TO CHILD</b>
<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>CELL PHONE</b>		<b>HOME PHONE</b>	<b>PRIMARY LANGUAGE</b>
<b>EMAIL</b>			
<b>PARENT / GUARDIAN #1 ETHNICITY / RACE</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> HISPANIC / LATINO / SPANISH <input type="checkbox"/> NATIVE AMERICAN INDIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____			
<b>EMPLOYER</b>			<b>OCCUPATION</b>
<b>EMPLOYER ADDRESS</b>			<b>WORK PHONE</b>
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>

<b>PARENT / GUARDIAN #2 - FIRST NAME</b>		<b>LAST NAME</b>	<b>RELATIONSHIP TO CHILD</b>
<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>CELL PHONE</b>		<b>HOME PHONE</b>	<b>PRIMARY LANGUAGE</b>
<b>EMAIL</b>			
<b>PARENT / GUARDIAN #2 ETHNICITY / RACE</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> HISPANIC / LATINO / SPANISH <input type="checkbox"/> NATIVE AMERICAN INDIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____			
<b>EMPLOYER</b>			<b>OCCUPATION</b>
<b>EMPLOYER ADDRESS</b>			<b>WORK PHONE</b>
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>

\_\_\_\_\_  
**Parent / Legal Guardian Signature**

\_\_\_\_\_  
**Date**



# Scholarship Application

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Please complete this application and submit the following information and income-related documents **for each working adult member of your household** over the age of 18.

- Provide current pay stubs for at least 30 days (1 month) **OR**
- a letter of employment on a company letterhead

## SECTION I: HOUSEHOLD DESCRIPTION

List everyone living in the home (last name first). Include all children and yourself.	Relationship to Child	Age

## 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) that this scholarship application is renewable annually and I must present new financial information every year;
- b) 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.

**-OVER-**

**SECTION II: ADDITIONAL INCOME**

In the table below, please write the name of each adult household member over the age of 18 that receives any of the following additional income in the first row and their relationship to the applicant in the second row. Then provide proof of the **MONTHLY AMOUNT** of income, received by each adult household member.

Name of Adult Household Member	1.	2.	3.
Relationship to Applicant			
	<b>Monthly Amount</b>	<b>Monthly Amount</b>	<b>Monthly Amount</b>
Welfare / TANF			
Child Support			
Alimony			
Worker's Comp			
Unemployment			
Retirement			
Social Security			
Food Stamps / SNAP			
Military/Government			
Support from friends / relatives			
Other			

**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

Weekly tuition fees: \_\_\_\_\_

Director's initials \_\_\_\_\_