

# Childcare Assistance Procedures and Processes

## May Term, Summer I & II

Applications are accepted on a first-come first-serve basis. The application process begins approximately four weeks prior to the start of classes.

### Eligibility Requirements:

- Must be enrolled in 6 credit hours
- Must have at least a 2.0 GPA
- Must be in good academic standing
- Must be Federal PELL Grant eligible or meet income guidelines

### Students are required to provide:

- Completed 3-page application
- Copy of class schedule
- Copy of their paid fee receipt or payment plan paperwork
- Copy of financial aide award letter or e-connect printout
- Copy of child's birth certificate
- Copy of most recent tax form or if a dependent, your parent's most recent tax form

Once approved for child care assistance, an orientation session is scheduled to provide you with instructions for registering your child with an approved childcare provider. At orientation you will receive an eligibility letter stating your participation approval. The letter contains the name and age of your child, the weekly amount due to the child care provider and ending date of childcare services for the semester. You will receive a list of child care centers. You are to choose a child care center from this list. After you choose a child care center, you are responsible for obtaining the signature of the child care provider and name of the child care center. You need to return this eligibility letter to the ***Life Transitions Office*** within 24 hours, with the name of the childcare facility your child will be attending and the director's signature, in order to complete the registration process. If the letter is not returned within that time period, your turn for childcare assistance will be lost and given to the next student in line.

### Childcare Rates

#### **\$35 one time registration fee**

Daytime Care (Ages 6 weeks to 12 years)

- 1 Child: \$45.00 per week
- 2 Children: \$60.00 per week
- 3 Children: \$75.00 per week

Once you have enrolled your child(ren) in the child care facility, all rules and policies of that center govern you. If you have complaints or concerns, first address them to the center director. If your concern(s) are unresolved within a reasonable time frame, then speak with a ***Life Transitions*** staff member so that we may intervene on your behalf.

Childcare providers will be responsible for the collection of all parent fees. If you fall behind on weekly payments, the childcare center will notify the Life Transitions Program Coordinator of the non-payment. You will have 15 days to either pay off the balance to the childcare provider or have services discontinued. All collection of monies will be the sole responsibility of the childcare provider. Life Transitions will not reimburse any unpaid amount. Participants are responsible for all late fees, returned check fees and special activity fees.

It is our hope that your participation in the ***Life Transitions Program*** will help you achieve your academic goals for the semester. If you need further assistance, please come to our office located in Room W235 so that we may help you locate the resources that you need.

New  
Continuing

# Life Transitions

## Eligibility Information

Textbook  
Child Care  
Both

Fall \_\_\_\_\_ Winter Term \_\_\_\_\_ Spring \_\_\_\_\_ May Term \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

*The following information is needed for grant documentation purposes and is kept confidential.  
Please print & complete all sections.*

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

***Have you used Life Transitions services before?***

- Yes  No

***Gender:***

- Male  Female

***Ethnicity:***

- African American  Anglo American  Native American  
 Hispanic American  Asian American  Other \_\_\_\_\_

***Personal Status (check all that apply):***

- Single parent with sole, joint or shared custody of a child or children less than 18 years of age  
 Married  Divorced  Separated  
 Displaced homemaker (lost the income of your spouse)  
 Pregnant  
 Dislocated worker (lost job due to company cut-back/closing/relocation)  
 Employed seeking a job/career change  
 Unemployed seeking a job/career change

***Enrollment Status (check all that apply):***

- Full-time day student (enrolled in at least 12 credit hours)  
 Full-time evening student (enrolled in at least 12 credit hours)  
 Part-time day student (enrolled in less than 12 credit hours)  
 Part-time evening student (enrolled in less than 12 credit hours)

***Education: (highest level completed)***

- GED  
 High School graduate  
 Some college  
 Vocational/technical School  
 Returning Mountain View College student Last semester attended: \_\_\_\_\_

**Source(s) of total household income (check all that apply):**

Your salary	Student financial aid	Social Security
Spouse's salary	(grant, scholarship, loan, etc.)	Veterans benefits
Parent's support	Food Stamps	Retirement benefits
Child support	AFDC	Medicaid
Investments, insurance, etc.	Housing subsidy (Section 8)	Other_____

**Employment Data:**

Full time	Part time	Unemployed, not looking	Unemployed, looking for work
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Company Name\_\_\_\_\_ Job Title\_\_\_\_\_ Monthly Salary\_\_\_\_\_

**Services Requested:**

Textbook Assistance \_\_\_\_\_ Child Care (Daytime, only)\* \_\_\_\_\_

\* Please list names and ages of children:

(1) Child's Name_____	Age_____
(2) Child's Name_____	Age_____
(3) Child's Name_____	Age_____
(4) Child's Name_____	Age_____

Briefly explain the reason for your request \_\_\_\_\_

**What additional services do you need? (Check all that apply)**

Transportation/Bus Pass	TASP or Alternative Test Assistance
Financial Aid	Counseling/Academic Advising
Learning Skills Center (tutoring)	Work Study/Job Search Assistance
Services for students with limited English/ESL Office	Other _____

I certify that all information provided in this application is correct and to the best of my knowledge. I authorize Life Transitions to release information from my records for purposes of completing grant reports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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"Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, national origin, religion, gender, or sexual orientation".*

Mountain View College

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Dallas, TX 75211

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*Life Transitions*  
*Participant Education Plan*

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**Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**College Credit Hours:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Are you seeking a(n):**    \_\_\_\_\_ **Associate Degree**    \_\_\_\_\_ **Certificate**

**Have you filed a degree plan?**     **Yes**             **No**

**If yes, what is your declared major?** \_\_\_\_\_

**If no, what is your intended major?** \_\_\_\_\_

**Anticipated Completion Date:** \_\_\_\_\_

**Plans after Completion:**

\_\_\_ **Transfer to Senior College/University**

\_\_\_ **Seek a full-time job**

\_\_\_ **Currently employed; continue with same company**