

Flint River Learning Christian Center

317 Flint River Rd. ✦ Jonesboro, GA 30238 ✦ (770) 210-1923 ✦ fax (678) 562-2244

Childcare Scholarship Application Form

Parent's Name : _____
 Address : _____ city _____ zip _____
 Contact Number : (____) _____
 My phone can receive text messages
 Email address _____

Today's Date: _____ Requested Start Date: _____

Child's Name (1): _____ D.O.B.: _____ Age: _____ Regular fee\$ _____
 Child's Name (2): _____ D.O.B.: _____ Age: _____ Regular fee\$ _____
 Child's Name (3): _____ D.O.B.: _____ Age: _____ Regular fee\$ _____
 Child's Name (4): _____ D.O.B.: _____ Age: _____ Regular fee\$ _____
 Child's Name (5): _____ D.O.B.: _____ Age: _____ Regular fee\$ _____

| | Applicant | Spouse/Other Adult |
|--|-----------|--------------------|
| Place of Employment | | |
| Hourly wage, Salary, or Commissions | \$ | \$ |
| Amount of hours worked per pay cycle | | |
| Average dollar amount of overtime received | \$ | \$ |
| Average monthly bonuses or tips received | \$ | \$ |
| Self-employment income | \$ | \$ |
| Totals | \$ | \$ |

- Valid verification of employment includes a copy of your check stubs or letter on company letterhead with contact persons name and number only {**NO EXCEPTIONS**}.

Emergency contact person in case parent is not available:

Name: _____ Phone number: (____) _____

Hours _____ To _____
 Days _____

Is your child's Immunization record current?
 On Georgia 3231 form? {**NO EXCEPTIONS**} No Yes must show Proof

Do you give permission for F.R.L.C.C. staff to provide medical treatment (CPR and first aid) to your child? No Yes

Does your child have any food or drink allergies? No Yes, See below
 Milk Orange Juice Peanuts Sea Food Other(S): _____

What is your religious affiliation? _____

Regular Tuition \$ _____
 Scholarship - _____
 Weekly Tuition \$ _____

Childcare Center Scholarship Rules

- Registration fee Of \$60 can be paid in weekly payments with tuition.(\$5 min.)
- Your child must be signed in and out by parent or authorized pickup/ drop off person.
- If your child is, sick (fever, heavy runny nose, vomiting, earache, sore throat, and est.) childcare staff may refuse to accept your child.
- PICK UP YOUR CHILD (REN) ON TIME.
- After hour care with out a phone call from parent or guardian, will result in a call to DFAC.
- Do not bring any toys or food from home for any child other than infants unless other wise told to do so by Management.
- Your child cannot be in the center for more than 10 hours at a time.
- All tuition fees must be paid in full by Monday at 6:30pm {**NO EXCEPTIONS**}.

 Signature of Parent/Guardian Date: _____

 Approval of Management Date: _____

Scholarship will be reviewed every three months to determine if there will be any change in your rate