



solana beach school
district

Child Development Center

Dear Parent,

CDC offers a limited amount of childcare scholarships for before and after childcare. To be eligible for a scholarship you must meet the following criteria:

- Approved for Free or Reduced Lunch Program
- Be employed or a student during the requested hours of childcare
- No outstanding balances with any SBCDC program

To apply for a CDC Childcare Scholarship fill out the attached scholarship application and return with a copy of your Free or Reduced Lunch Program approval letter to:

Solana Beach Child Development Center
Kelly Johnston
309 N. Rios Ave.
Solana Beach, CA 92075

Scholarships are awarded on a school year basis. Limited scholarships will be awarded in the order received from August 1 through September 30 by a scholarship committee. You will be notified of the decision by email from Kelly Johnston within ten business days of receipt of your scholarship application.

Please call the CDC Office if you have any additional questions at (858) 794-7160.

Sincerely,

Kelly Johnston
School-Age Supervisor

**Solana Beach Child Development Center
Child Care Scholarship Application**

Site: CC SH SKY SP SR SSF SV School Year: _____
Schedule Request: M T W Th F AM PM

Child's Name: _____ Grade _____
Child's Name: _____ Grade _____

Parent's Name: _____ Phone: _____
Address: _____ Email: _____

Name of Employer or School: _____ Phone: _____
Employer or School Address: _____

Parent's Name: _____ Phone: _____
Address: _____ Email: _____

Name of Employer or School: _____ Phone: _____
Employer or School Address: _____

Hours of Employment or School: _____

Initial each of the following boxes to certify that you have read and understand the guidelines for a Solana Beach Child Development Center (SBCDC) child care scholarship.

- I understand that to be eligible for a scholarship for before or after school child care I must meet the following criteria:
- ◆ *Approved for Free or Reduced Price Lunch Program*
 - ◆ *Be employed or a student during the requested hours of child care*
 - ◆ *No outstanding balances with any SBCDC program*
- I understand that ALL information on this application is subject to verification.
- I understand that falsifying or omitting any information requested will disqualify the applicant from the scholarship eligibility process.
- I understand that any changes in the parent or guardian's employment or student status needs to be reported to the SBCDC Office.
- I understand that all applications will be considered in the order received and scholarships will be granted as space or funding is available and that this scholarship is only for one school year (summer programs not included) and I must submit an application annually to be considered for future scholarships.
- I understand that scholarships are for the use of the CDC Child Care Program for **authorized** scheduled days only and does not include fees for extra days, late pick-ups, returned checks, parent night-outs, field trips, t-shirts, and other CDC activities or supplies.
- I understand children are only eligible to receive one SBCDC scholarship at a time and thus cannot receive both a child care and enrichment scholarship (classes or band).
- I have reviewed the eligibility requirements and have attached a copy of my Free and Reduced Price Lunch Program letter to the completed application and dropped off or mailed to the SBCDC Office, 309 N. Rios Ave., Solana Beach, CA 92075
- I understand that if my application is incomplete or if any attachments are missing, my application will be returned as incomplete. This may cause a delay in approval or possible ineligibility.
- ◆ Communicate any need for a change in schedule to the School-Age Supervisor. Drop-In is not available as a scholarship schedule. Absences must be for illness or necessity. Consistent absences are subject to a loss of scholarship.
- Please note:** If your family does not qualify or receive a scholarship from SBCDC, you may apply for other fee assistance programs such as YMCA Alternative Payment Program. Alternative fee assistance program policies must be followed or SBCDC will stop childcare and the parent or legal guardian will be responsible for the balance due on the account.

I certify that all of the information provided above is true and correct. I understand the SBCDC may verify any information provided on this application. I have read and understand the above policies and procedures. I further understand by signing below, that if my application is not approved I am liable for all charges accrued to date.

Signature of Parent/Legal Guardian

Date