



IMPORTANT SUBSIDY, SCHEDULE B, and SCHOLARSHIP INFORMATION

We are here to help. Our goal is to make sure families receive high quality care for their children at our centers while still maintaining our budget. If you need help understanding our policies or completing the required information to receive a subsidy, please feel free to ask your program manager for assistance.

If you are seeking tuition assistance or scholarship support for your child to attend a Kids Co. center, please read the following important information regarding our policies and procedures for the following subsidy programs:

- State of Washington – Working Connections Child Care (WCCC)
- City of Seattle – Child Care Assistance Program (CCAP)
- Kids Co. Schedule B
- Kids Co. Scholarship Fund

Kids Co. (aka Evergreen Children's Association), is a local, 501(c)(3), **nonprofit** corporation. We are committed to serving families of differing economic means, which is why we accept State of Washington and City of Seattle child care subsidies, offer reduced tuition rates (Schedule B), and special case scholarships.

Working Connections Child Care helps families with low incomes pay for child care. For qualifying families, WCCC the state pays a portion of the cost of child care and the family is responsible to pay a copayment to Kids Co. each month. The copayment is based on income. Because we do not set limits on the number of families receiving subsidies, it is critical that participating families maintain their eligibility.

The amount of funds we receive from WCCC does not cover the actual cost of care, therefore we ask that parents read and sign the attached agreement in order to protect our ability to accept subsidies and offer scholarships.

Child Care Assistance Program helps income eligible working families living within the Seattle city limits pay for child care services for children up to 13 years old. The City of Seattle pays a portion of the cost of child care and the family is responsible to pay a copayment to Kids Co. each month. The copayment is based on income.

Schedule B Tuition Assistance is a program provided to parents in the event that tuition assistance from the City of Seattle or Washington State is not granted. This program is based on income and requires a completed application and proof of income. The number of Schedule B subsidies given during the year is dependent on the amount of scholarship funds available and may change from year to year. Schedule B recipients must renew their agreements every 6-12 months or less depending on each individual situation.

Kids Co. Scholarship is a program provided to parents in the event that coverage by the City of Seattle or Washington State is not granted, subsidies are granted but the co-pay is too high or there are extenuating financial hardships. This program is based on need and requires a completed application and proof of income. The number and amount of scholarships given during the year is dependent on the amount of scholarship funds available. The scholarship amount requested and the amount granted may change from year to year. Special case scholarship recipients must renew their agreements every 6-12 months or less depending on each individual situation.

All families requesting a Kids Co. scholarship are required to provide proof of ineligibility for Working Connections Child Care, Child Care Assistance Program, Schedule B subsidies in order to apply for a Kids Co. Scholarship. If your family is eligible to receive WCCC or CCAP subsidies but your copayment is beyond what you can afford, you may be eligible to receive a Kids Co. scholarship.

Please read and sign the Kids Co. Subsidy, Schedule B, and Scholarship Agreement and return it with your child's enrollment paperwork.

SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

You may not cross out or otherwise change this agreement, this is a legal document.

Parent/Guardian's Name: _____

Child(ren's) Name(s): _____

Mark the program, sign and date the agreement that applies (choose all that apply):

- State of Washington – Working Connections Child Care (WCCC)
- City of Seattle – Child Care Assistance Program (CCAP)
- Schedule B – Kids Co.'s reduced tuition program
- Scholarship – Kids Co.'s special case scholarship

For families who receive subsidies through the State of Washington:

- ✓ **Parents are responsible for initiating and maintaining their WCCC coverage.** Submitting the WCCC Part II of the Provider Profile form to the program manager does not guarantee the authorization of care through DCYF. I understand that **in order for my child to attend**, Kids Co. must receive a copy of my award letter authorizing payment for care from WCCC **prior** to beginning care at Kids Co.
- ✓ **Kids Co. must receive the indicated co-pay amount in full** in order to start care and for each month following. Co-pay amounts are due in full by the 1st of the month unless a signed payment agreement has been completed. Failure to pay the monthly co-pay will be reported to WCCC and may be cause for termination both from Kids Co. and the WCCC subsidy program.
- ✓ Kids Co. allows up to 5 absences per month of care. **I understand that if my child is absent more than the allotted 5 times per month, my subsidy may be in jeopardy.** In cases of excessive absences, I will inform the program manager in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and will be reported to WCCC.
- ✓ **I understand that my WCCC subsidy is subject to renewal periods set by WCCC.** In order to maintain my coverage, I agree to submit completed renewal paperwork on time to WCCC. I will inform the program manager of any changes to my coverage as soon as possible. I understand that without verification of continuing coverage, Kids Co. may suspend my child's care until notice is given that coverage is renewed.
- ✓ In the event that WCCC coverage is not verified by the 5th of the month following my renewal date, I understand that my child care may be suspended or payment in full for the advance month will be due. In the event that my coverage is renewed retro-actively, my payment will be refunded (minus any applicable co-pay or other outstanding charges).
- ✓ I understand that I am responsible to report changes in my work status or my child's schedule (i.e. going from school-year to summer etc.) to WCCC 30 days in advance of the change.

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

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For families who receive subsidies through the City of Seattle:

- ✓ **Parents are responsible for initiating and maintaining their CCAP coverage.** I understand that CCAP does not cover the cost of registration fees and/or deposits and that I am responsible for the regular enrollment deposit and registration fees at the time of enrollment.
- ✓ I understand that I must submit all appropriate paperwork to CCAP and bring a copy of the authorization voucher to Kids Co. **prior** to my child starting the program.
- ✓ **The City of Seattle CCAP provides only a portion of my childcare fees.** I understand that I am responsible for the remaining balance. In the event that CCAP does not grant coverage or renew coverage, I understand that I am responsible for the tuition for care IN ADVANCE for the coming month. I understand that I must give 30 days' written notice of withdrawal.
- ✓ **I understand that I must notify CCAP of changes to my work status or child's schedule including absences.** In cases of excessive absences I will inform the program manager and CCAP administrator in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and CCAP will not pay the full authorized amount.
- ✓ I understand that I am responsible to report changes in my work status or my child's schedule (i.e. going from school-year to summer etc.) to CCAP 30 days in advance of the change.
- ✓ I understand that in all cases where CCAP does not pay the full authorized amount, **I am responsible to pay the difference** between the authorized amount and the actual amount received.

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

kidsco SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

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For Families who receive Kids Co. Schedule B:

- ✓ Schedule B is only available to those who are not eligible for WCCC or CCAP subsidies.
- ✓ Schedule B is only available to those families that meet Kids Co.'s guidelines for family size and income.
- ✓ I understand that I must complete **all Schedule B paperwork** and return to the program manager **before Schedule B rates may be applied to my account.**
- ✓ I understand that I am responsible for all fees including but not limited to: tuition charges, registration and deposit fees, late pick up or late payment fees, and NSF charges.
- ✓ I understand that my Schedule B may be renewed at **every 6 – 12 months** depending on individual family circumstances **and will require proof of income.** Some renewal periods may be shorter than 6 months.
- ✓ There is a high demand for Schedule B or Special Case Scholarship support. Need is tied to attendance. Kids Co. allows for 5 absences per month of care. I understand that if my child is absent **more than the allotted 5 times per month, my Schedule B may be revoked or reduced.** In cases of excessive absences I will inform the program manager in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status.

This agreement is in effect for the time period that coincides with the subsidy/scholarship program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

kids SUBSIDY, SCHEDULE B, AND SCHOLARSHIP AGREEMENT

You may not cross out or otherwise change this agreement, this is a legal document.

For Families who receive Kids Co. Scholarship:

- ✓ A Kids Co. Scholarship is only available to those who are not eligible for WCCC, CCAP, or Schedule B subsidies.
- ✓ I understand that I must complete **all Kids Co. Scholarship paperwork** and return to the program manager **before scholarship awards may be applied to my account.**
- ✓ I understand that I am responsible for all fees including but not limited to: tuition charges, registration and deposit fees, late pick up or late payment fees, and NSF charges. The scholarship only assists with tuition charges.
- ✓ I understand that my scholarship may be renewed at **every 6 – 12 months** depending on individual family circumstances **and will require proof of income.** Some renewal periods may be shorter than 6 months.
- ✓ There is a high demand for Scholarship support. Need is tied to attendance. Kids Co. allows for 5 absences per month of care. I understand that if my child is absent **more than the allotted 5 times per month, my Scholarship may be revoked or reduced.** In cases of excessive absences I will inform the program manager in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and scholarship eligibility.

This agreement is in effect for the time period that coincides with the subsidy/scholarship program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

kids: SCHEDULE B APPLICATION

- Location (choose one):
- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Graham Hill | <input type="checkbox"/> Cascadia |
| <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay | <input type="checkbox"/> Lakeridge |
| <input type="checkbox"/> McDonald | <input type="checkbox"/> Northwood | <input type="checkbox"/> Queen Anne |
| <input type="checkbox"/> TOPS | <input type="checkbox"/> West Mercer | <input type="checkbox"/> Magnolia |
| | | <input type="checkbox"/> South Shore |

Instructions for Schedule B requests: Application must be completed in full and returned with all requested financial information. We look forward to helping you with your child care needs. Please assist us in helping you by providing the following information:

- A completed Kids Co. Schedule B **application**.
- Attach the most recent W-2 forms and copies of the last two pay stubs for all income earners in the household. Your application cannot be processed without this information. .

Person(s) applying for Schedule B:

Applicant's Name: _____		Relationship to child: _____	
Address: _____			
Street	Apt	City	State Zip code
Work #: (_____) _____	Cell #: (_____) _____	Home #: (_____) _____	
Employer: _____	Occupation: _____	How long you've held this position: _____ <small>Yrs & Mos</small>	
Email address: _____		SSN: _____	
Co-Applicant's Name: _____		Relationship to child: _____	
Address: _____			
Street	Apt	City	State Zip code
Work #: (_____) _____	Cell #: (_____) _____	Home #: (_____) _____	
Employer: _____	Occupation: _____	How long you've held this position: _____ <small>Yrs & Mos</small>	
Email address: _____		SSN: _____	

Schedule B request for:

Child's Name (Last, First, MI):	Age	Attends Days/Time Slots	
		Preschool	School-age

Child(ren) reside(s) with: *check all that apply*

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Gay/Lesbian Partner | <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Parent's Significant Other | <input type="checkbox"/> Other _____ |

Financial Information:

Annual Gross Household Income: \$ _____ Current Gross Monthly Income: \$ _____
 Pay Period: Weekly Bi-Monthly Monthly Hourly wage: \$ _____

Note: Attach your most recent tax return including W-2 FORM(S), copies of your last two (2) consecutive pay stubs from all-income earners in the household.

Income sources (check all that apply):

- Wages/Salary
- AFDC (case #: _____)
- Pension/Retirement
- Child Support
- FIP (Case #: _____)
- Court Award/Settlement
- Social Security
- Unemployment
- Other _____

Total number of people in your household: _____

Please list **ALL** the people in your household. List the age of children.

Name	Relationship to Applicant(s)	Age

Ethnic Background: In order for Kids Co. to be able to offer tuition assistance to families in need, Kids Co. seeks funding support from foundations, corporations and individuals. For fund raising purposes, we are requesting information regarding the ethnic background of the children we serve. Some funders ask specifically for this information. Please mark all that apply to your child(ren). **Note:** If you are applying for Schedule B for more than one child, please check all ethnicities that apply and write the name of the child next to the selected ethnicity.

- Asian/Pacific Islander - _____
Child's Name, Child's Name, Child's Name
- African-American/African Descent - _____
Child's Name, Child's Name, Child's Name
- Latino/a - _____
Child's Name, Child's Name, Child's Name
- Native American/Indigenous - _____
Child's Name, Child's Name, Child's Name
- Caucasian/European American - _____
Child's Name, Child's Name, Child's Name
- Mixed Ethnicity - _____
Child's Name, Child's Name, Child's Name
- Other: _____ - _____
Child's Name, Child's Name, Child's Name

What is the primary language spoken in the home? _____

To the best of my knowledge, the information on this form is correct. Some parts of this form may be reported to other agencies for the purpose of gaining program funding or used for program assessment. These agencies and Kids Co./Evergreen Children's Association will hold this information in the strictest confidence.

Applicant's Signature: _____ Date: _____
 Co-Applicant's Signature: _____ Date: _____