## Logo, company name  Description automatically generated GBC Child & Family Center 1500 College Parkway

**775-327-2387 or fax 775-327-5092**

**2023-2024 Application Form**

Do you have a child currently enrolled at the Child & Family Center? Yes No If yes, which class?

Child’s First Name: Child’s Last Name:

Child’s Sex: Child’s Current Age: Child’s Date Of Birth:

Child's Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell #: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Father/Guardian Name: Father’s Cell #: \_\_ \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_\_ Both \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_ Is either parent: Active duty \_\_\_ MIA \_\_\_ POW \_\_\_

 **2 YR OLD CLASS OPTION (A $100.00 registration/materials fee (per child) is due at the time of registration and is non-refundable.)**

## Child must be 2 by August 1st

  T.TH. A.M. (Bumblebees) 8:00-11:00 3 hrs $250.00 per month

#  3 YR OLD CLASS OPTIONS (A $125.00 registration/materials fee (per child) is due at the time of registration and is non-refundable.)

## Child must be 3 by August 1st

|  |  |  |  |
| --- | --- | --- | --- |
|  **M.W.F. A.M. (Butterflies)** |  **8:00-11:00** |  **3 hrs** |  **$300.00 per month** |
|  **T.W.TH. P.M. (Ladybugs)** | **12:30-3:30** |  **3 hrs** |  **$300.00 per month** |

# 4 YR OLD CLASS OPTIONS (A $135.00 registration/materials fee (per child) is due at the time of registration and is non-refundable.)

**Child must be 4 by August 1st**

|  |  |  |  |
| --- | --- | --- | --- |
|  **M-TH A.M. (Meadowlarks)** | **7:45-11:15** |  **3 ½ hrs** |  **$315.00 per month** |
|  **M-TH P.M. (Bluebirds)** | **12:45-4:15** |  **3 ½ hrs** |  **$315.00 per month** |

# FULL DAY CLASS OPTIONS (A $150.00 registration/materials fee (per child) is due at the time of registration and is non-refundable.)

 **Child must be 3 by August 25th or 4 by August 1st**

 **3 yr old M-F (Hummingbirds) 7:15-5:30 Full day $800 per month**

 4 yr old M-F (Fireflies) 7:15-5:30 Full day $750 per month

**LITERACY GRANT PRESCHOOL PROGRAM OPTION**

**Age & income requirements must be met to qualify for this program. Please fill out the back page.**

 M-F (Fireflies) AM Only 7:30-12:30 5 hrs Free to those that qualify

 M-F (Fireflies) AM & PM 7:15-5:30 Full day $375 per month to those that qualify

WAITING LIST PRIORITIES FOR PROGRAMS OTHER THAN GRANT: Placement priority for program availability is given to children who are currently enrolled at the Child Center, their siblings, and to children of Great Basin College employees. The cutoff date for this priority is March 31st. Once the priority date has expired, then open enrollment will begin on April 1st. Priority will be given to children who are homeless or whose parent(s) are on active duty, POV, or MIA. Placement will then be determined according to the registration date on a first come, first serve basis. Priority will also be given to students whose parent/guardian is currently serving on active duty, is currently a POW or MIA, or who has died as a direct result of injuries while serving in the US military, as well as students who are considered “homeless”.

**Great Basin College Child & Family Center**

The Nevada Early Childhood Literacy Preschool Program is made possible through grant funding. Preschool-aged children may qualify for the program if they meet the following requirements: (1) Child is 4 by August 1st, (2) Meet the 200% Federal Poverty Guidelines (guideline listed below). Children with I.E.P.’s will be given priority.

**Preschool seats will be dependent upon grant funding sources. Final approval will not be made until the legislative session is complete.**

Please attach W-2’s and/or pay stubs for each person in your household who is employed (your spot will not be secured until it is turned in)

Child’s Name \_\_ Date of Application \_\_\_\_\_\_\_\_

Child’s Birthdate \_\_ Phone Number \_\_\_\_\_\_\_

Parent’/Guardians’ Name \_\_\_\_\_\_

* **Circle # of Family Members as well as Gross Household Income (before taxes)**
* **Attach a copy of most recent W-2 or tax return for everyone working in the home**

Income Guidelines FY 2023-2024

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FamilySize | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| MonthlyIncome | $3,328 | $4,143 | $5,000 | $5,857 | $6,713 | $7,570 | $8,427 |
| AnnualIncome | $39,440 | $49,720 | $60,000 | $70,280 | $80,560 | $90,840 | $101,120 |

Parent/Guardian Signature Date \_\_\_\_\_\_\_\_

**Additional information:**

 My child is enrolled in the Elko County School District Special Services Program and has a current Individual Education Plan (I.E.P.) for (speech, developmental delay, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Attach a current copy of your child’s IEP

 My child is considered “homeless” (foster care, hotel/motel, shelter, car, staying with friends/family due to inability to afford housing, etc.)

 My child resides on tribal lands.