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

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

**2024-2025 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

## M.W. A.M. (Butterflies) 8:00-11:00 3 hrs $65 per week

T.TH. A.M. (Bumblebees) 8:00-11:00 3 hrs $65 per week

# 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-Th (Hummingbirds)** | **7:00-5:30** | **Full day** | **$200 per week** |
| **T.W.TH. P.M. (Ladybugs)** | **12:30-3:30** | **3 hrs** | **$75 per week** |

# 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** | **$80 per week** |
| **M-TH P.M. (Bluebirds)** | **12:45-4:15** | **3 ½ hrs** | **$80 per week** |
| **M-TH (Fireflies)** | **7:00-5:30** | **Full day** | **$190 per week** |
|  |  |  |  |

**Tuition Grants available for our full day programs. Please provide a copy of your 2023 W-2 or the last 30 days of paystubs to see if you qualify.**

**Tuition can also be reduced for any of our programs by applying for subsidy through the Children’s Cabinet. https://www.childrenscabinet.org/who-we-serve/i-am-a-parent/child-care-financial-assistance/**

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 April 30th. Once the priority date has expired, then open enrollment will begin on May 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”.

Date application received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time application received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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). **OR** (1) Child is 3 by August 1st, (2) Meet the 250% Federal Poverty Guidelines, (3) Child has an IEP.

**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 \_\_\_\_\_\_

Number of people in household: \_\_\_\_\_\_\_\_\_ Approximate monthly or yearly income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Guidelines **4 Year Olds** FY 2024

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family  Size | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Monthly  Income | $3,328 | $4,143 | $5,000 | $5,857 | $6,713 | $7,570 | $8,427 |
| Annual  Income | $40,880 | $51,640 | $62,400 | $73,160 | $83,920 | $94,680 | $105,400 |

Income Guidelines **3 Year Olds** FY 2024

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family  Size | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Monthly  Income | $3,328 | $4,143 | $5,000 | $5,857 | $6,713 | $7,570 | $8,427 |
| Annual  Income | $51,100 | $64,550 | $78,000 | $91,450 | $104,900 | $118,350 | $131,800 |

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.