



of Portsmouth

* legally known as Community Day Care Center

100 Campus Drive, Suite 20 ★ Portsmouth, New Hampshire 03801 ★ 603/422-8223 phone 603/422-8227 fax

Application for Waitlist

Non-Refundable Wait List Fee of \$5.00 per child required BEFORE processing of wait list application

**Wait list fee may be waived for income eligible applicants*

Parent #1's Name: _____ Home Phone: _____

Parent #2's Name: _____ Other Phone: _____

Home Address(Street, City, State & Zip): _____

Parent #1's Employer: _____ Work Phone: _____

Parent #2's Employer: _____ Work Phone: _____

Email Address: _____

Children's Names to be placed on waitlist

Dates of Birth: (due date if expecting)

_____	_____
_____	_____
_____	_____

- Family or Child has been in CCCC* programs before
- Siblings on WL must enroll at same time
- Sibling of a child enrolled in one of our programs

PROGRAMS AND SCHEDULING OPTIONS

ChildCare Center Hours are 7:30 am to 5:30pm. Please indicate (by day) up to nine hours of care per day within those hours (i.e. 8:30/5:30). M-F, MWF or T/TH schedules only available. No partial or half day rates available for Infants through Preschool.

Kindergarten Hours are 7:30 am to 5:30 pm Before/After Public School or Full Day option. Any 2- 5 day schedule available.

PEAK Program Hours are 7:00 to 9:00 am and 3:00 to 6:00 pm. Schedules may be any 2- 5 days per week. (for 1st – 5th grade)

SAU 50 Hours are 7:30 am to 12:00 pm. M-F, MWF, and T/TH extended morning or only 9-12 schedules available.

PLEASE PUT MY FAMILY ON THE WAIT LIST FOR (Times & Programs):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	DESIRED START DATE*
___/___	___/___	___/___	___/___	___/___	_____

*Every attempt will be made to accommodate your child care needs. **Placement cannot be guaranteed at the time of need.** Community Child Care Center* gives priority to children and families financially or socially in need.

ChildCare Center (Full Day)

M-F or MWF or T/TH

- ___ Infants (8 wks – 12 months)
- ___ Toddler (12 – 42 months)
- ___ Preschool (3 ½ -6yrs)
- ___ After Headstart Care

Kindergarten (2, 3 or 5 days)

Before/After Public School

- ___ Little Harbour
- ___ Dondero _____ Full DAY
- ___ New Franklin
- ___ Summer After K- school year

PEAK (2, 3 or 5 days)

Before/After 1st-5th Graders

- ___ Little Harbour
- ___ Dondero
- ___ New Franklin (after school only)
- ___ Summer Program

SAU 50 (Greenland) Preschool Program (M-F or MWF or T/TH) (7:30-12 or 9-12)

For Community School Preschool 9am-noon only at Community Campus - please call 422-8228 to sign-up

From your income and family size, we can determine whether you would be eligible for tuition assistance. This information is **required** and will be kept **confidential**.

Gross Yearly Income:

- | | | | |
|-------------------|-------------------|-------------------|--------------------|
| ___ \$ - 10,000 | ___ 25,000-30,000 | ___ 63,500-71,300 | ___ 92,000-98,200 |
| ___ 10,000-15,000 | ___ 30,000-35,000 | ___ 71,400-79,200 | ___ 98,300-104,500 |
| ___ 15,000-20,000 | ___ 35,000-42,900 | ___ 79,300-85,500 | ___ Over 104,500 |
| ___ 20,000-25,000 | ___ 43,000-63,400 | ___ 85,600-91,900 | |

FAMILY SIZE

- _____ ADULTS
- _____ CHILDREN

FOR OFFICE USE ONLY

Wait List Fee Date Received: _____ Amount Received: _____ Cash/Check # _____

Date Application Received: _____ Administrator Accepting Application: _____

NOTES: _____

