

# Scott County Kids Early Childhood Iowa Preschool Scholarship Program

1221 Myrtle Street  
Davenport, IA 52804  
563-323-1821

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number \_\_\_\_\_ Work/School Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Marital Status:            Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Child(ren) to receive Scholarship? \_\_\_\_\_

Relationship to the child(ren):    Mother \_\_\_\_\_ Father \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Number of persons living in the home \_\_\_\_\_ Number of persons in the family \_\_\_\_\_

Where did you find out about this program? \_\_\_\_\_

List all people living in the household. List yourself on the first line.

First/Last Name	Relationship to Applicant	Date of Birth	Gender	Ethnicity (Hispanic or Non Hispanic)	Race	Level of education completed
	<b>Self</b>					

### Preschool Provider Information

Name of Preschool Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Is the childcare provider licensed or registered with the State of Iowa? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate registration or license number \_\_\_\_\_ Expiration date \_\_\_\_\_

Does this childcare provider carry liability and accident insurance to cover all children in care? \_\_\_\_\_

If this provider is a relative, what is the relationship to the child(ren) \_\_\_\_\_

Payment rate charged by above provider **per child** (complete only one):

\$ \_\_\_\_\_ per hour            \$ \_\_\_\_\_ per day            \$ \_\_\_\_\_ per week

Date you started with this provider \_\_\_\_\_

### Preschool Schedule

Child's Name		Mon	Tues	Wed	Thurs	Fri
	From					
	To					
	From					
	To					

**WORK & SCHOOL SCHEDULE**

APPLICANT \_\_\_\_\_

Date you started working at this job \_\_\_\_\_

_____ Employer's Name			_____ Name of School		
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
My schedule varies by _____ Days _____ Hours _____ Rotating schedule					
Pay schedule is _____ Weekly _____ Every other week _____ Twice a month _____ Once a month					

OTHER PARENT (if applicable) \_\_\_\_\_

Date you started working at this job \_\_\_\_\_

_____ Employer's Name			_____ Name of School		
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
My schedule varies by _____ Days _____ Hours _____ Rotating schedule					
Pay schedule is _____ Weekly _____ Every other week _____ Twice a month _____ Once a month					

**Yearly Income**

Gross Family Income _____	Net income from self-employment _____
Child Support _____	Unemployment compensation _____
Alimony _____	Veteran's Benefits _____
Pensions & annuities _____	Workman's compensation _____
Social Security _____	Other _____

Approximate total of family's yearly income \_\_\_\_\_

Child support you PAY each month \$ \_\_\_\_\_

**Two CONSECUTIVE pay stubs for each parent or guardian living in the home must be attached to this application. If self-employed, a copy of last year's income taxes must be included.**

**\*\* Proof that you have applied for Childcare Assistance to the State of Iowa and have been denied.**

<https://www.iowa.gov/how-do-i-apply-child-care-assistance>

**\*\*Proof of address and a copy of the child's birth certificate is needed with this application.**

*I certify that the information on this application is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in the spirit of confidence within the agency and is accessible to me during normal business hours.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Scott County Kids Early Childhood Iowa Preschool Scholarship Program**  
**PARENT AGREEMENT**

- Parent will notify Friendly House within three days of any changes in preschool arrangements.
- Parent will notify Friendly House of any changes in family status and/or income within 15 calendar days.
- Friendly House will pay your provider for up to thirty (30) hours of preschool weekly.
- Parent will review the preschool provider's monthly Statement of Preschool Costs and provide a signature verifying the accuracy.
- Parent agrees to ensure their child's attendance at preschool classes at least 80% of the time each month.
- Parent will be placed on probation for the month following a drop below 80% attendance.
- If attendance continues below the 80% requirement, the family will be dropped from the Preschool Scholarship program at the end of the second month.
- The parent agrees to make the required remainder of bill co-payment to the preschool provider on a timely basis. **Failure to do so may terminate eligibility with the Scott County Kids Early Childhood Iowa Preschool Scholarship Program.**
- The parent agrees to give the current provider a two-week notice if the parent needs to change providers unless the preschool center is deemed unsafe by the Department of Human Services.
- This agreement is valid for the time period indicated below. The family will be reevaluated for continuation near the end of the eligibility period as long as funding remains available. Parent will be notified as such.
- **Preschool assistance can be terminated if agreements are broken.**

*I hereby agree to all statements listed above:*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date