



Child Development Center Preliminary Application



Child Development Center Information

Operated by the Fresno County Superintendent of Schools, the **Lighthouse for Children Child Development Center (Center)** provides high-quality early learning experiences to prepare children for success. The Center provides children aged 6 weeks to 5 years with the following:

- State of the art classrooms
- A natural playground designed to maximize learning in indoors and out
- Nurturing, developmentally appropriate, hands-on learning experiences
- A full-day, year-round, low teacher-child ratio program
- Educational experiences that promote exploration and self-discovery
- Language, cognition, gross and fine motor, social-emotional, and self-help skill development
- Skills to promote self-esteem

Our staff is committed to relationship-based, individualized care for each child enrolled, allowing each child to progress at his or her own pace. Our goal is to ensure all children have the opportunity to reach their full potential as they explore, learn, and grow. In addition, the Center offers specialized services and resources for parents and family members, including workshops and resource referral assistance.

The Center is committed to excellence and serves as an innovation laboratory model for child development and early childhood education programs, in partnership with First 5 Fresno County, Fresno Unified School District, and institutions of higher education.

The Lighthouse for Children Child Development Center is accepting families' preliminary applications for private pay families, subsidized early learning and care services, and First 5 partial scholarships.

Monthly Tuition Options:

1. Are you interested in enrolling your child full day/full week paying the full cost of tuition?

The monthly tuition rates are as follow based on the age of your child/ren needing care.

Infants 0 – 18 months	\$1,229	Toddlers 18 – 36 months	\$1,003	Preschool 3 – 5 years	\$752
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2. Are you interested in a First 5 partial scholarship?

Please review the income eligibility guidelines below. For more information, please visit lcfresno.org/tuition/.

Note: Effective August 28, 2019 - First 5 Fresno County employees, Commissioners, and/or their spouse or domestic partners are not eligible to be recipients of the First 5 Fresno County Tuition Scholarship.

First 5 Fresno County Scholarship Eligibility effective July 1, 2019			
Family Size	Annual Gross Family Income		
	Scholarship A	Scholarship B	Scholarship C
1 or 2	\$60,816 - \$79,045	\$79,046 - \$85,126	\$85,127 – \$91,206
3	\$65,604 - \$85,270	\$85,271 – \$91,829	\$91,830 – \$98,388
4	\$76,608 - \$99,575	\$99,576 – \$107,234	\$107,235 - \$114,894
5	\$88,860 – \$115,502	\$115,503 – \$124,387	\$124,388 – \$133,272
6	\$101,124 – \$131,466	\$131,447 - \$144,557	\$ 141,558 – \$151,668
7	\$103,416 – \$134,425	\$134,426 – \$144,766	\$ 144,767 – \$155,106
8 or more	\$105,720 – \$137,420	\$137,421 – \$147,991	\$147,992 – \$158,562

3. Are you interested in applying for State subsidized program services for low-income families?

We may have funds available to assist you with all or most of the cost of childcare services if you meet need and eligibility requirements. Parents must be income-eligible. Please review the Income Eligibility Schedule below.

Subsidized Early Learning and Care Services
General Child Care (6 weeks – 3 years old) *and* **State Preschool** (3 – 5 years old)
Schedule of Income Ceilings (85% SMI)
for FY 2019–20 Child Care and Development Programs

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$5,343	\$64,120
3	\$5,802	\$69,620
4	\$6,719	\$80,623
5	\$7,794	\$93,522
6	\$8,869	\$106,422
7	\$9,070	\$108,841
8	\$9,272	\$111,259
9	\$9,473	\$113,678
10	\$9,675	\$116,096
11	\$9,876	\$118,516
12	\$10,078	\$120,934

4. Where do I go for help?

Review our list of Frequently Asked Questions on our website lcfresno.org. You can also contact a representative of the Child Development Center at (559) 443-4832 or email at bdaniel@fcoe.org.



Office Use Only
CCTR / CSPP
Family Rank

Child Development Center

How did you hear about us?

Lighthouse for Children Website Parent Magazine Other: _____

HOUSEHOLD PARENT / GUARDIAN INFORMATION

1. Which would you like to apply for? Check all that applies

- Full Tuition:** *I plan to pay full tuition for a full-day program.*
- First 5 Fresno County Partial Scholarship:** *I am interested in applying for a partial scholarship. I understand that applying for the scholarship does not guarantee receipt.*
- CCTR / CSPP:** *I am interested in applying for the low-income State subsidized program services. I understand that applying for State subsidized care does not guarantee receipt.*

Please Print

PARENT A

Last Name		First Name		Middle Name	
Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent					E-mail
Home Address			Phone #		Cell Phone #
Employer(s) / Name of Company:	Work Site Address:		Work Phone #:		Annual Salary before Taxes:

Please Print

PARENT B

Last Name		First Name		Middle Name	
Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent					E-mail
Home Address			Phone #		Cell Phone #
Employer(s) / Name of Company:	Work Site Address:		Work Phone #:		Annual Salary before Taxes:

Marital Status (please circle):

Single Married Divorced Separated Widow(er) Common Law Domestic Partner

Reason for Needing Services: Please CIRCLE all the reasons for needing care below.

Child referred for protective services because of neglect, abuse, exploitation, or risk thereof	Education or training
Parent/caretaker incapacitated because of medical or psychiatric special needs	Actively seeking employment
Working	Seeking permanent housing

Other (please describe):

CHILD INFORMATION

Please list all children in the family.

Child 1	Last Name	First Name	Middle Name	Check Box if Childcare needed: <input type="checkbox"/>
Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list:				
Child 2	Last Name	First Name	Middle Name	Check Box if Childcare needed: <input type="checkbox"/>
Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list:				
Child 3	Last Name	First Name	Middle Name	Check Box if Childcare needed: <input type="checkbox"/>
Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list:				
Child 4	Last Name	First Name	Middle Name	Check Box if Childcare needed: <input type="checkbox"/>
Birthdate	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Is the child a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list:				

FAMILY INFORMATION

Address where children listed above reside (PO Box not acceptable):	Language Spoken in Home:	Family Income before Taxes:
<p>*What is your Family Size? "Family" means the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. When a child and his/her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings.</p>		
<input type="text"/>		

Signature

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this questionnaire is true, correct, and complete. I understand that during the verification process, if my information is discovered to be inaccurate, It could lead to the loss of my childcare slot. I also understand that all personal information will be maintained with strict confidentiality.

Parent Name (Please Print) _____ Parent Signature _____ Date _____

Office Use Only

Date Notice Sent: _____ Funding Type: ___ Full Tuition ___ F5 Scholarship ___ CSPP ___ CCTR

Communication Notes: