



## CCCP Lower Cape Emergency Child Care Fund

### 2026 Application

Please fill out both pages of this application accurately and completely.

We encourage you to provide as much supporting information about your current circumstances to support the application. A copy of your current childcare tuition bill showing the total owed to date, should be attached and sent along with the application.

Name of Applicant (parent/guardian): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Residential Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total Child/ren in the household (names and ages): \_\_\_\_\_

Child/ren to be helped with this application (names and ages): \_\_\_\_\_

Number of Adults in Home: \_\_\_\_\_ Head of House: \_\_\_\_\_

#### Adults Employed:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Seasonal/Year-Round?

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House Income (last month): \$ \_\_\_\_\_ House Annual Income: \$ \_\_\_\_\_

Child Care Provider (Facility/Director Name): \_\_\_\_\_

Address & Phone Number of Provider: \_\_\_\_\_

Licensed? \_\_\_\_\_ Relationship (if any) to Applicant? \_\_\_\_\_

Total Monthly Child Care Expenses? \_\_\_\_\_ For How many Children? \_\_\_\_\_

#### Please list the childcare expenses for each child in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Days/Weeks: \_\_\_\_\_ Fee: \_\_\_\_\_ Weekly/Monthly?

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Days/Weeks: \_\_\_\_\_ Fee: \_\_\_\_\_ Weekly/Monthly?

What is the balance on your childcare tuition bill, at this time? \$ \_\_\_\_\_

What amount of funding are you looking for help with? (partial/full) \$ \_\_\_\_\_



Have you applied for other resources? \_\_\_\_\_

Please list your reasons for applying for these funds at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like the committee to know about your situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby verify that the information provided is correct and accurately represents my current circumstances at this time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring agency signature (if applicable): \_\_\_\_\_

**Submit your completed application to:**

**Cape Cod Children's Place**

**PO Box 1935, N. Eastham, MA 02651**

*\*Cape Cod Children's Place currently has funding to help with childcare expenses that have fallen behind, due to various circumstances. For future or ongoing assistance please reach out to our Administrative Assistant for our extensive life of helpful organizations.*