

Please Return Form to: Student Development 50 Oakland Street Wellesley Hills, MA 02481 (Phone) 781-239-3142 (fax) 781-239-2669

Student Name:	New to Program
Student ID:	
Semester & Year:	
Address:	
City/State/Zip:	
Email:	Phone:
MassBay Enrollment:	Full-Time (12 credits or more)
 Part-Time (6-11 credits) * Students enrolled in less than 6 credits are not eligible for the program * Class schedule must be attached 	
Dependents requiring childcare:	
NAME OF CHILD	DATE OF BIRTH AGE
Do you receive SNAP benefits?	
Childcare Provider:	
Address:	
Phone: You must have an Expected Family Contr	ibution (EFC) within the Pell Grant range (EFC between 0
and \$5,486) to qualify. Please have a Financial Aid staff member sign below which will confirm that you meet these criteria (Office 111).	
EFC within Pell Grant range 🗌 YES 🗌	ΝΟ
Financial Aid Staff Member Name: N/A	
Financial Aid Staff Member Signature: N/A Date:	
(Continued on back)	

Policies:

Please see and read the attached eligibility sheet as well

- MassBay Community College accepts no liability regarding the placement of a child. Childcare placement responsibility rests entirely with the parent(s);
- The Childcare Assistance Program is only available for Fall & Spring semesters;
- The College reserves the right to discontinue this program at the end of any given semester;
- Failure to submit consecutive receipts may result in removal from the program;
- A student must be enrolled in courses at the time of submitting the application;
- An Application will not be considered unless it is complete. A complete application includes:
 - 1. Complete, signed and dated application form;
 - 2. Class schedule printed and attached;
 - 3. Copy of childcare provider's license from the Department of Early Education;
 - 4. Proof of enrollment (verification letter, billing statement, invoice, etc.);
 - Childcare is reimbursed on a monthly basis;
- Childcare receipts must be submitted to Student Development by the childcare provider each month as the schedule indicates. They can be faxed or emailed to Student Development:

Fax: 781-239-2669 (Attn: Richie Haskell)

Email: rhaskell1@massbay.edu

I have read and understand all eligibility requirements & policies regarding the MassBay Childcare Assistance Program.

Student Signature:

Date:

OFFICE USE ONLY:

Approved
Denied
Staff Initials:
Date: