



APPLICATION FOR CHILDCARE VOUCHER PROGRAM

Please complete one application per child. Applications must be completed fully and returned to Truro Town Hall, Attention: Childcare Voucher Program, P.O. Box 2030, Truro, MA 02666 or to ChildcareVouchers@truro-ma.gov with the subject line "Childcare Voucher Program" by **Friday, February 28, 2025 at 4 pm.**

Child's Name: _____ Child's Date of Birth: _____

Name(s) of Parent(s) or Legal Guardian(s): _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Parent/ Guardian is: ☐ A Truro Resident ☐ A Town of Truro Employee
☐ An employee or business owner employed for 20+ hours per week in Truro:
Business Name: _____

CHILDCARE PROVIDER INFORMATION

Please list all licensed childcare programs attended by this child.

Name of Program Provider: _____

Address of Program: _____

Program Contact Person: _____ Program Hours: _____

Program Phone Number: _____ Program Email: _____

Name of Program Provider: _____

Address of Program: _____

Program Contact Person: _____ Program Hours: _____

Program Phone Number: _____ Program Email: _____

The following questions are helpful to understand the families served by this program. This program is not needs-based and responses to these questions will not be used to determine eligibility and/or funding allocations.

Total Approximate Annual Household Income: _____ Household Size (# of Persons): _____

Estimated Monthly Childcare Cost for This Child: _____

Estimated Number of Hours of Childcare for This Child Per Week: _____



Please provide employment information for each parent/ guardian in the designated box and list all jobs held by each parent/ guardian over the course of the year.

Parent/ Guardian 1

☐ Employed ☐ Not Employed

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

Parent/ Guardian 2

☐ Employed ☐ Not Employed

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

Job Type: _____ Job Location (Please List Town): _____

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): _____

Is this a Seasonal Position? ☐ Yes ☐ No

In signing this application, I verify that all information provided is accurate and truthful. I am aware that this is signed under penalty of perjury.

Signature of Parent or Legal Guardian

Date

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