WESTERN PIEDMONT COMMUNITY COLLEGE

2026-27 CHILD CARE ASSISTANCE APPLICATION

STUDENT INFORMATION AND CONSENT

DATE:

☐ FALL 2026 08/17/26 - 12/17/26
☐ SPRING 2027 01/11/27 - 05/12/27
☐ SUMMER 2027 05/24/27 - 07-26-27

STUDENT INFORMATION

Name: Student ID #:

Phone Number: Date of Birth:

Home Address:

City: State: Zip Code:

Other Child Care Assistance Received: ☐ DSS ☐ WIOA ☐ OTHER: AMOUNT: $

Marital Status: ☐ Single ☐ Married ☐ Divorsed/Separated

Employment: ☐ Full-time ☐ Part-time ☐ Unemployed Employer:

CHILD CARE FACILITY INFORMATION

Provider Name: Contact Name:

Billing Address:

Phone Number: Email:

Federal ID #: NC License #: Total Weekly Parent Fee:

☐ Child Care Center (CCC) ☐ Center Located in Residence (CLIR) ☐ Family Child Care Home (FCCH) ☐ Child Care in Public Schools (CCC) ☐ After School Program

Authorized Personnel Name: Job Title/Role:

CHILD OR CHILDREN'S INFORMATION

Name of Each Child	Age	Monthly Fee	Daily Fee

ACKNOWLEDEMENT & SIGNATURES

I am aware that the information I have provided will be used to determine my eligibility for Child Care Assistance, and I certify that the information in this application is true and accurate to the best of my knowledge. I understand that assistance is awarded based on financial need and the availability of funds. *Any charges exceeding the above amount and outside the time period are the student's responsibility. This is an application only. Eligibility notification emails will be sent.*

I understand that it is my responsibility to ensure attendance confirmations for my classes are received by the Financial Aid Office on or before the due dates. It is also my responsibility to notify the Financial Aid Office immediately if my enrollment drops below the minimum required in a semester/term.

Student Signature: _____ Date: _____

Provider Authorized Personnel Signature: _____ Date: _____

WPCC Financial Aid Counselor Signature: _____ Date RECEIVED: _____

WESTERN PIEDMONT COMMUNITY COLLEGE

WPCC CHILD CARE
Assistance Program

APPLICATION CHECKLIST

Front Portion of Application Complete

Ensure you and your child care provider have completed and signed the application.

FAFSA Completed

Have you completed your 2026-27 Free Application for Federal Student Aid?

File Complete

Have your checked your student account and turned in any verification documents to the Financial Aid Office?

Child Birth Certificate

Please attach a copy of the official birth certificate for each child in the Child Assistance Program.

Facility Portion

(Must be completed by autorized representative)

Discuss the program with your child care facility. Ask them to complete the facility portion of this application.

Requirements

- Must be an NC Resident.
- Apply for Child care assistance with your local DSS. Provide approval/denial letter.
- Enrolled in a Title IV Eligible Program.
- Enrolled in at least 6 Credit hours.
- Meet SAP Standards.

Attendance & Progress Check-ins

Obtain and submit monthly attendance and progress verification from instructors.

Payments Processed

Child Care Assistance is paid monthly, directly to the child care facility. Providers signing this application agree to submit monthly invoices to WPCC. Payment can NOT be processed until we have parent-student attendance/progress verification.

Disclaimer

Our goal at WPCC is to assist students in obtaining the best possible educational experience. However, please be aware that, due to limited funding, this assistance may not cover the full provider fee and may be suspended, terminated, or reduced at any time.

Submit completed application and supporting documents to:
Lisa D. Childress, Financial Aid Counselor (828) 448-6410 Email: lchildress@wpcc.edu
Hildebrand Hall - Student Services - Financial Aid Office