

CITY OF MORENO VALLEY
A CHILD'S
PLACE
AFTER SCHOOL PROGRAM



City of Moreno Valley After School Childcare

Children in TK to 5th Grade

School Days: After School to 6 p.m.

Non School/Vacation Days: 7 a.m. to 6 p.m.

Homework Assistance | Activities | Snack

Locations

Armada Elementary
25201 John F Kennedy Drive - Room #25
(951) 485-8365 LIC 33480965

Rainbow Ridge Elementary
15950 Indian Street - Portable P-1
(951) 485-9846 LIC 334803516

Creekside Elementary
13563 Heacock Street Room #33
(951) 697-8968 LIC 334816836

Sunnymead Elementary
24050 Dracaea Avenue - Portable P-3
(951) 653-6537 LIC 334818292

City of Moreno Valley Licensed After School Childcare
(951) 413-3280 | www.moval.org/pcs | achildsplace@moval.org

Upon request, this invitation/agenda/notification) will be made available in appropriate alternative formats to person with disabilities, in compliance with the Americans with Disabilities Act of 1990. Any person with a disability who requires a modification or accommodation in order to participate in these activities should direct such requests to Naomi Kamunyu, Human Resources Division Manager at (951) 413-3043 at least 72 hours before the activity. The 72-hour notification will enable the City to make reasonable arrangements to ensure accessibility and participation in this meeting or event.

Interest Inquiry



Please check site for care:

- Armada Elementary
- Creekside Elementary
- Rainbow Elementary
- Sunnymead Elementary

Family Information

Name of Parent/Caretaker (Full name including middle initial)	Phone No.(Home)	Phone No. (work)	
Parent Email Address			
Name of Parent/Caretaker (Full name including middle initial)	Phone No.(Home)	Phone No. (work)	
Street Address	City	State	Zip

Children's Information

Name of Each Child for Which Services are Requested	Age/Date of Birth	Relationship
1		
2		
3		
4		

Eligibility Information

A completed formal application and certification for child development services is required. If a preliminary review of the information indicates eligibility for the program, additional documentation is required before the child is enrolled. Pay stubs, Receipts, Employment/Training verification will be required, as applicable.

Please check the reason for services needed

Vocational Training <input type="checkbox"/>	Working/ Employment <input type="checkbox"/>	Seeking Employment <input type="checkbox"/>	Parental Incapacity <input type="checkbox"/>	Homelessness <input type="checkbox"/>	Seeking Permanent Housing <input type="checkbox"/>	Employment In the Home <input type="checkbox"/>	Family Day Care Home <input type="checkbox"/>
Employer/School			Street Address and City				Zip
Work Schedule Start & End Time:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Employer/School			Street Address and City				Zip
Work Schedule Start & End Time:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

All Children & Other Family Members Living in Home Other Than Parents/Caretakers

Name of Person Living in Home	Age - Under 18 Only	Relationship
1		
2		
3		
4		

Family Gross Monthly Income Information

Child Support	\$	Federal Income (such as SSI)	\$	Employment (Including Self - Employment)	\$
---------------	----	------------------------------	----	--	----

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature	Date	Signature of Program Representative	Date
---------------------------	------	-------------------------------------	------

Office Use Only	Eligible:	YES	NO	Reviewed By	
-----------------	-----------	-----	----	-------------	--



INCOME DECLARATION

Please list All income sources of biological, adoptive, guardian, or stepparent(s) living in the home.
For consideration of service, ALL items must have a dollar amount (enter \$0 if not applicable).

1. Gross Employment Wages Any month(s) without Employment Wages?	1. \$ _____ Month(s) _____
2. Self-Employment Income	2. \$ _____
3. Spousal Support	3. \$ _____
4. Cash Aid – CalWORKs & Housing	4. \$ _____ Case#: _____
5. Cal Fresh	5. \$ _____ Case#: _____
6. Foster Care	6. \$ _____
7. Pension	7. \$ _____
8. Disability	8. \$ _____
9. Unemployment Compensation	9. \$ _____
10. Worker’s Compensation	10. \$ _____
11. SSA – Survivor & Retirement Benefits	11. \$ _____
12. Grants/Scholarships (Do not include loans) If yes, are funds used for Living Expenses?	12. \$ _____
13. Other _____	13. \$ _____

My signature certifies all income I/we receive is listed. I understand that any income change must be immediately reported to the City of Moreno Valley – A Child’s Place. I certify any other adult(s) living in the home whose income is not listed above is not the biological, adoptive, guardian, or stepparent of my children.

I understand that failure to report this information constitutes fraud and **may result in repayment of childcare funds and/or termination of childcare services.**

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

Parent / Guardian Signature

Date



EMPLOYMENT & INCOME VERIFICATION AUTHORIZATION

Section A – Release Authorization – Employee Section. Please complete all fields below.

I hereby authorize my employer to release information regarding my employment. I also give permission to the City of Moreno Valley authorized representative to contact my employer for clarification regarding information on this form, payroll check stubs or other wage records, and to verify my days and hours of employment.

Name: _____ Last Four Digits of SSN: _____
 Signature: _____ Date: _____
 Employer Name: _____ Employer Phone #: _____
 Employer Address (Street, City, Zip): _____
 Employer Business Hours: _____

Section B – Employment Verification – Employer Section. Please complete all fields below.

Employee Job Title: _____ Employment Start Date: _____
 Rate of Pay \$ _____ Hourly Other Tips & Other Compensation: Yes No
 Frequency of Pay: Weekly Bi-Weekly Twice Monthly Monthly
 Work Schedule: Regular/Fixed Varied Maximum hours/week: _____ Minimum hours/week: _____
 Potential for Overtime: Yes No If yes, is Overtime Consistent or Unpredictable

Please specify below ALL possible hours the employee may work (Indicate AM or PM)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

I understand that the information I am providing will be used to determine the above-named employee’s eligibility for childcare. I affirm to the best of my knowledge; the above information is true and accurate.

Print Name – Authorized Employer Representative Title Phone Number

Signature – Authorized Employer Representative Date Fax Number

■ Forms may be faxed to 951-413-3719 or emailed to achildsplace@moval.org ■

Section C – A Child’s Place – Office Use Only		
Date	Notes / Verification	Initials



FAMILY NEEDS ASSESSMENT

Parent/Guardian's Name: _____

Please check the box of a resource you would like to receive additional information.

1. Child Care Services
2. Child Support
3. Spousal Support
4. Cash Aid – CalWORKs & Housing
5. Cal Fresh (does not impact eligibility)
6. Unemployment Compensation
7. SSA – Survivor & Retirement Benefits
8. Disability Services
9. Substance Abuse
10. Transportation
11. Parent Support/Classes
12. Education
13. Domestic Violence
14. Dental/Medical
15. Utility Assistance
16. Other _____

For Office Use Only

Date	<input type="checkbox"/> Referral needed Information Given	Initials