

Children and Youth Partnership for Dare County
 Child Care Resource and Referral
 Project EDU, Spring 2009
 Education Lift-Off

APPLICATION FOR FAMILY CHILD CARE HOMES

To apply for *Education Lift-Off* please complete the following application. Be sure to make a copy for your records. The application must be **received** by Children and Youth Partnership for Dare County no later **5 PM on Monday, November 17, 2008**. If you have any questions or need assistance with application, please call Bonnie at 441-4737.

Mail to:
 Children and Youth Partnership for Dare County
 P.O. Box 2539
 Kill Devil Hills, NC 27948

Bring by:
 Children and Youth Partnership
 2400 N. Croatan Hwy. Suite D
 Kill Devil Hills, NC (Milepost 5.9)

Applicant Information

Name: _____ Date of Application: _____

Name of Family Child Care Home: _____

Mailing Address: _____

Street / P.O. Box

City

Zip Code

Home Phone: _____ E-mail: _____

Please complete the following information regarding the Early Childhood Education Class/Classes you plan to take:

Course #	Course Title	Credit Hours	Semester	Educational Institution
(example) EDU 119	Introduction to Early Childhood Education	4	Spring 2009	COA

I have read and understand the *Education Lift-Off* Information Sheet and Application and will be able to meet the requirements in order to fully participate in this project. I understand that I will have to pay back funds if I do not complete the class or earn less than a grade of "C" or if I do not remain licensed throughout the grant period.

 Signature of Applicant

 Date

Education Lift-Off is subject to availability of funds. Program may change as needed.