



Metropolitan School
of Professional Studies

Child Care Access Means Parents in School Application

Type or print legibly.

Incomplete or illegible applications will not be reviewed or returned.

Student last name _____ First name _____
 Student ID# _____
 University email _____ Other e-mail _____
 Home phone _____ Cellphone _____
 Home address _____
 City _____ State _____ Zip _____
 Emergency contact name _____ Phone _____

Degree program at Catholic University: _____

School at Catholic University: _____

Approximate number of credits completed (including transfer): _____

Current University GPA: _____ Anticipated graduation date: _____

Hours Registered _____

List all children to be assisted by Grant funds:

Child's full name	Date of birth

If you are approved, where do you plan to use your subsidy benefit? Choose one:

___ A center operated by Learning Care Group. Specify: _____

___ Another licensed center.

Center name: _____

Center address: _____

Center phone number: _____

Contact person: _____

Current monthly fee: _____

Child Care Access Means Parents in School Program Grant

Child Care Access Means Parents in School (CCAMPIS) is a federal grant (the “Grant”) awarded to the Metropolitan School of Professional Studies (“MSPS”) at The Catholic University of America (the “University”) by the U.S. Department of Education to assist parents and guardians to complete their undergraduate study successfully. As federal funds are limited, the University may not be able to assist all eligible applicants or may need to apportion available funds.

Under this Grant, participating parents and legal guardians are eligible to apply to use child care services at Learning Care Group facilities throughout the Washington DC Metropolitan area at a subsidized rate for children from infant to age 5. The Grant will pay part of the cost and the parent/guardian will pay the remaining cost.

Certification of Meeting Program Eligibility Requirements

By my signature below, I represent that:

1. I have been admitted as a degree-seeking undergraduate student at Catholic University of America.
2. I am registered for the required number of classes in the semester or term for which I am applying for benefits. [For benefits in fall or spring semesters, at least 12 credits at the University in that semester; for each summer term, at least 3 credits at the University in that summer term and at least 12 credits at the University in the fall semester that follows it.]
3. I have a cumulative GPA of at least 2.0 in courses taken at the University. (Not applicable to newly admitted students.)
4. I am eligible for a federal Pell Grant based on my income.
5. I agree to attend one parent/guardian meeting during the semester or term during which I receive benefits and to fill out questionnaires and/or surveys intended to help MSPS monitor the quality and impact of the program.
6. The childcare center that I plan to use will be licensed by the locality, state or District of Columbia and either will be accredited or in the process of applying for accreditation.

Grant Application Terms

Please initial that you have read, understand and agree to each of the following:

___ I meet all of the above Eligibility Requirements

___ I understand that the goal of the Grant is to assist me with child care expenses so that I can remain enrolled at the University and continue academic work toward my degree.

___ I understand that any agreement to provide child care at Learning Care Group is solely between me and Learning Care Group. The University’s sole involvement is to make payments to Learning Care Group in accordance with the Grant.

I understand that there is no guarantee that I will receive funding of any amount by submitting this application, and that such decisions are made in the sole discretion of the University in accordance with the terms of this Grant, University policy and available funding.

I understand that I am under no obligation to use Learning Care Group as a child care provider and that my participation in this Grant program is voluntary.

I agree that I have completed independent due diligence and evaluated Learning Care Group or another provider as an appropriate child care provider for my child(ren). I understand that the University makes no representations, warranties or recommendations of any child care providers, including Learning Care Group.

I understand that being selected by the University to receive funding does not guarantee that my child(ren) will be accepted for child care at Learning Care Group, or that Learning Care Group will have any specific scheduling availability.

I understand that the Grant funding will not pay all my child care expenses.

I understand that any Grant payments will only be used for eligible child care expenses, as determined by the University and the Grant.

I understand that I retain the ultimate responsibility for satisfying any payments due to Learning Care Group or another provider.

I understand that I must comply with all rules and regulations of Learning Care Group, if I choose to use them as my childcare provider. I also understand that Learning Care Group may require me to sign separate agreements as a condition of enrolling in its child care program.

If I drop classes and fall below full-time status in the fall or spring semesters, or below 3 credits in a summer term, then I agree to contact the Dean of MSPS immediately, and I understand that I will no longer be eligible for any Grant funding for that term.

I understand that I will lose any Grant funding if I withdraw or am suspended as a student from the University, and I agree to notify the Dean of MSPS immediately upon my withdrawal or suspension.

I agree to complete regular questionnaires and surveys about the Grant program.

I agree to attend one parent/guardian meeting with a representative from the University each semester or term during which I receive benefits under this Grant program.

I give permission for the University's financial aid office to provide MSPS with information necessary to verify my eligibility for Grant benefits.

I give permission for Learning Care Group or my alternative provider to provide information necessary to verify my use of Grant program benefits.

I understand that the University may share aggregate information but no personally identifiable information about me with the U.S. Department of Education, which funds this Grant.

I agree not to authorize Learning Care Group to transport my child(ren) via motor vehicle.

Required Documentation

Submit the following documents with your application:

- A copy of your class schedule for the semester or term for which you seek benefits and, if the summer term, then also the following fall schedule
- A copy of your unofficial transcript, obtained from Cardinal Station (not applicable for first-semester students).
- A copy of the first three pages of your most recently filed federal income tax return, with Social Security numbers redacted.
- If you are an undergraduate, a copy of your Student Aid Report, obtained after filing your FAFSA.

Assumption of Risk and Release of Liability

By signing with your initials below, you certify that:

ASSUMPTION OF RISK: I understand that there are risks associated with Learning Care Group's provision of child care services, and I voluntarily assume such risks. (Please initial: _____)

RELEASE OF LIABILITY: In exchange for participation in the Grant, I knowingly release, waive, defend and forever discharge the University, its agents, employees, officers and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to my participation in or travel associated with Learning Care Group's provision of child care services, unless it is due to willful misconduct or gross negligence on the part of the University. (Please initial: _____)

Student Signature

I certify that the information and documents provided in this application are complete and accurate to the best of my knowledge. I have read and understood the above provisions and agree to be bound by them.

Student signature: _____ Date: _____

Return completed application by email to metro-ccampis@cua.edu