

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL **CCAMPIS PROGRAM**

The Child Care Access Means Parents in School (CCAMPIS) program is a U.S. Department of Education grant-funded program designed to support student-parents pursuing postsecondary education. The program assists eligible students who have children under the age of 12 by providing access to child care and supportive services. To remain eligible for the program, participating students are required to engage in educational workshops and complete volunteer hours that support their personal, academic, and professional development.

Our mission is to promote and support parent-student achievement while attending FDTC.

CCAMPIS supports child care in campus affiliated centers. Campus space and funding are limited; child care is provided based on availability.

ELIGIBILITY REQUIREMENTS:

- FDTC student - Applicant must be at least a part-time student in a degree program or in an approved job-training or certification program.
- Completed FAFSA – The Free Application for Student Aid is the starting point for financial assistance for college.
- Awarded Pell Grant or Pell Grant eligible.
- Student must be primary caretaker of a child 12 and younger or a dependent child over the age of 12 who has disabilities requiring constant care. If married, both parents must sign statements indicating they are unable to care for the child during the hours the student is in classes.

PROGRAM REQUIREMENTS:

- Must be enrolled at least half-time for the entire semester in order to remain in the program. In-person classes must constitute more than half of class load.
- Maintain at least a 2.0 GPA.
- Provide program Director with class schedule and other necessary documentation every semester.
- Volunteer in the child/children daycare or after school program three hours per semester.
- Attend two mandatory workshops per semester.
- Attend the annual orientation and a 1-on-1 meeting with the program Director.
- Complete annual program evaluation.
- Upon graduation parent-students are required to complete a post-graduation survey.

INSTRUCTIONS:

1. Complete the following forms: Application, Consent Form, Verification Form, Participation Agreement, & Daycares/After-Schools Approved List
2. Sign and date all documents
3. Save this document for your records and future use
4. Email all completed and signed forms to ccampis@fdtc.edu

Please note: Do not fill out the volunteer form and workshop form in this packet yet. They will be completed after workshops and volunteer time.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

STUDENT APPLICATION

STUDENT INFORMATION

Last name _____ First name _____ MI _____

Student ID# _____ Mailing address _____

Home phone _____ Work phone _____

Cell phone _____ DOB _____ Gender _____

Ethnicity _____ Email address _____

CCAMPIS ELIGIBILITY CRITERIADo you receive financial aid? ☐ Yes ☐ NoIf yes, what forms? ☐ Pell Grant ☐ SC Need Base ☐ SC Lottery ☐ Loans ☐ Other

What is your family's taxable income from your income tax return? \$ _____

Are you receiving assistance from ABC or any other voucher? ☐ Yes ☐ NoHave you applied for any other federal grant? ☐ Yes ☐ NoAre you waiting on the status of your federal grant? ☐ Yes ☐ No

Are you the parent or legal guardian for one or more children between the ages of infant-12 years old?

Yes ☐ No ☐

If yes:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Do you need child care services while you attend classes at FDTC? ☐ Yes ☐ NoIf yes, when do you need services? ☐ Daytime ☐ Evening**FDTC ENROLLMENT STATUS**Are you currently enrolled at FDTC? ☐ Yes ☐ NoEnrollment: ☐ Full-time ☐ Half time ☐ Less than half time

Major _____

Semester ☐ First ☐ Second ☐ Third or more

Current cumulative GPA _____ Expected graduation year _____

Do you plan to transfer to a 4-year college after graduating from FDTC? ☐ Yes ☐ No

Verified by _____

Applicant Accepted? ☐ Yes ☐ No

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL CONSENT FORM

PLEASE INITIAL THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING:

- _____ I understand that the goal of CCAMPIS is to assist me with child care expenses so that I can succeed in completing full-time or part-time credits toward my degree program and that funds are solely based on availability.
- _____ If I drop below my courses I will notify both the CCAMPIS director and the Financial Aid Department.
- _____ My participation in the program is dependent upon my successful completion of a full-time/part-time semester credits on a consistent basis toward my degree.
- _____ I understand that even though I may work with CCAMPIS administrators, this does not guarantee placement or funding at a campus center. Once placed, I understand that my placement and funding are subject to ongoing reviews.
- _____ I understand that I will be asked to complete regular program evaluations and that this is essential to my ongoing funding through the CCAMPIS Program. I agree to participate in ongoing and/or post-graduate surveys conducted by the CCAMPIS Director pertaining to program evaluation including but not limited to my employment, income, and quality of care/services.
- _____ I understand that aggregate information, but no personal information, will be shared with the Department of Higher Education, which funds the CCAMPIS program.
- _____ I give my permission for the CCAMPIS Director to communicate with FDTC Financial Aid and/or my child care provider(s) regarding any of my financial information, or information related to the care of my child/children.
- _____ I understand that FDTC will not be held responsible for anything that occurs at a daycare or after school program that I have selected for my child.
- _____ I understand that I cannot take only online courses. The majority of my courses must be on campus.
- _____ I understand that I will be responsible for the two weeks' notice if I withdraw my child/children from the program.

Receipt of the above information completes the application process. Incomplete applications will not be placed on the wait list for placement and funding.

My signature on this application indicates my willingness to fully participate in the CCAMPIS Program. I agree to comply with all program requirements. I understand if I do not meet all the program requirements by the given due dates, I will not receive CCAMPIS funds and will have to pay the child care center my balance due. I further agree to contact the Office of Child Care and Family Resources if my status as a student changes, either fiscally or academically.

Student signature _____ Date _____

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL VERIFICATION FORM

First name _____ Last name _____
Student ID# _____ Graduation date _____ Semester _____

Step 1. Please list # of people in the household. **You must report accurate amounts.**

RELATIONSHIP	AGE	FIRST NAME	LAST NAME

Did you and your spouse file a federal income tax return? Yes ☐ No ☐ N/A ☐

Did you file a federal income tax return? Yes ☐ If yes, from where? _____ No ☐ N/A ☐

Step 2. Please verify family taxable income _____

Please list any other income received such as SNAP Benefits, SSI, Disability, etc.

NAME	AMOUNT

Step 3. Non-Filer Information

I (we) did not file a tax return for the following reason (check one):

- ☐ Received no taxable income
- ☐ Taxable income received was less than the amount required for filing a tax return
- ☐ Other (explain)
- ☐ I was or was not claimed as a dependent on my parents' federal tax return

Signature _____

Date _____

I (we) hereby certify that all information contained in this document, including any attached documentation, is true and complete. I (we) affirm that I (we) have not knowingly provided any false statements or fraudulent documentation. I (we) understand if I (we) am (are) found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my (our) eligibility for Federal and State student aid also will be jeopardized. **NOTE:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney's Office.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL PARTICIPATION AGREEMENT

AS A PARTICIPANT IN THE CCAMPIS PROGRAM, I AGREE TO THE RESPONSIBILITIES LISTED BELOW:

- _____ Two workshops a semester! (one on campus and one online)
- _____ Three hours of volunteer hours or assignments.
- _____ Meet one on one with the CCAMPIS Director each semester.
- _____ Participate in an orientation for the CCAMPIS Program.
- _____ Meet with the CCAMPIS Director concerning their academic standards, classes, etc.
- _____ Provide the CCAMPIS Director with any new phone number, email address, or mailing address.
- _____ Notify either the Director or Assistant Director of the daycare/after-school program when withdrawing a child from the daycare/after-school program.
- _____ Remain in the program until the end of the semester.
- _____ Notify the Director when a child or children are not attending daycare.
- _____ No school, no daycare.
- _____ Turn the application in on time when the program is used for the next semester.
- _____ When on vacation, CCAMPIS will not pick up the cost.

I _____ will notify the CCAMPIS Director as soon as I am no longer attending FDTC. I understand that my contract with this program and the school will end. If I drop or withdraw out of my entire courses at FDTC, I will notify the Director and the daycare/after-school program as soon as possible.

Failure to execute all these responsibilities may result in early termination from the CCAMPIS Program.

Student signature _____ Date _____

CCAMPIS Staff signature _____ Date _____



Florence-Darlington
Tech

CCAMPIS

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL
DAYCARES & AFTER SCHOOL PROGRAMS

Student's name _____ Student's ID _____

Child/children _____

Please select the daycare or after school program in the block below:

CITY & PROGRAM NAME	DIRECTOR NAME	AGE GROUP	ADDRESS	PHONE NUMBER
DARLINGTON				
Angela's Alphabets Adventure	Angela Dubose-Mack	2-5 years old	305 Lamar Hwy Ste A	843.944.0300
Dominion Learning Center	Jami Meyer	5-12 years old	1034 Pearl St.	843.968.8878
Embrace Child Care Center LLC	Faith Robinson	Infant-PreK4	676 E. McIver Rd.	843.639.9020
Kingdom Community Services	Dannyelle Mills & LaShawn Gregg	After school	1034 Pearl St.	843.439.5549
YMCA	Jamie Eaddy	5-12 years old	123 Exchange St.	843.383.4547
FLORENCE				
A Step Ahead	Kathy Ward & Julianne Page	Infant to 5K	1410 Damon Dr.	843.673.9304
Angel's Inn	Whitney Echols-Hough	PreK4 & After school	2030 North Cashua Dr.	843.665.4540
Antioch 3k/4k Development Center	Clarice Jones	3k/4k & After school	1207 1/2 Howe Springs Rd.	843.661.6599
Boys & Girls Club	Michael Woods	After school	PO Box 93	843.662.1142
Charlie Brown Day Care	Shannon Derrick	Infant-5 years old	1800 Gregg Ave.	843.665.1226
Convenient Care LLC	Corinthia Gray	Infant-5 years old	1210 S. Cashua Dr., Unit 3	843.621.0044
Ernestine McNair Dupree	Tina Dupree	Infant-5 years old	2705 Millridge Dr.	843.468.8210
F1S	Beverly Woods	Up to 12 years old	500 Dargan St.	843.758.6046
Kingdom Kids Learning Center	Shakayla Peoples	Infant-After school	822 S. Cashua Dr.	843.407.4099
Little Creations Learning Center	Beshunda Sam	Infant-12 years old	3128 S. Cashua Dr.	843.662.0922
Live, Learn & Grow II	Koya Smith	Infant-10 years old	1705 S. Irby St.	843.669.2002
Mon-Dae Morning	Jodeen McAllister	Infant-12 years old	4028 S. Irby St.	843.317.0021

CITY & PROGRAM NAME	DIRECTOR NAME	AGE GROUP	ADDRESS	PHONE NUMBER
FLORENCE (CONTINUED)				
Precious 1 Learning	Erica Jones	Infant-5 years old	1180 Festival Dr.	843.667.6324
Reed & Reed Childcare LLC	Trina Reed	2 years old-12 years old	2724 West Palmetto St.	854.208.3088
Stepping Stones	Glennis McElveen	Infant-PreK4	1100 East Palmetto St.	843.669.5612
The Sunshine House	Natalie Pouncy	Infant-PreK4	2009 2nd Loop Rd.	843.669.1997
Thursday's Child, Inc.	Tina Chassereau	After school	1804 Second Loop Rd.	843.667.6920
HARTSVILLE				
Montessori Day Academy	Heather Johnson	6 weeks-5 years	910 North 5th St.	843.951.0037
Thompson Children	Tonia Stuckey	3k/4k	327 S. 5th St.	843.309.9959
Tiny Treasures Daycare	Brittney Henderson	Infant-5 years old	628 Lakeview Blvd.	843.309.9384
YMCA	Jamie Eaddy	5-12 years old	111 E. Carolina Ave.	843.383.4547
LAKE CITY				
Edu Scholars Learning Center	Deon Cooper	Infant-After school	310 Carlisle St.	843.699.9198
MARION				
Happy Hearts Learning Ladder	Dianne Foxworth	Infant-After school	608 Dunlop St.	843.289.5070
Sugar Bear's DayCare Center	Barbara Smith & Tinika Smith	Infant-After school	524 E. Godbold St.	843.423.1092
MULLINS				
Little Promises Learning	Annette Gerald	Infant-4k & After school	4508 E. Highway 76	843.561.3160
Troy Johnson	Harriet Campbell	Infant-4k & After school	106 Gapway St.	843.464.8565
TIMMONSVILLE				
Linda's Learning Center	Lashanda Jefferson	Infant-12 years old	113 Tanyard St.	843.346.0499

Please initial the following statements:

_____ I understand as a student parent at FDTc, I have selected the daycare/after school program of my choice. FDTc is not responsible for the daycare/after school program that I have selected.

_____ I have toured the daycare/after school program of my choice and spoken with the Director or Co-Director of the facility.

_____ I understand that I will be responsible for any registration fee or late fees while my child is attending the daycare/after school program.

SIGNATURE

DATE

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL **VOLUNTEER FORM**

Date _____ Time _____

Student's name _____

Child's name _____

Type of volunteer hours _____ Number of hours _____

Location _____

FACILITATOR SIGNATURE

DATE

STUDENT SIGNATURE

DATE

CCAMPIS SIGNATURE

DATE

PLEASE NOTE: you are responsible for 3 volunteer hours per semester!

STUDENTS: Please drop this form at my office in Room 106 or email the form to Melissa.Cooper@fdtc.edu in order to get credit for your volunteer hours.

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL WORKSHOP FORM

Date _____ Time _____

Student's name _____

Child's name _____

Type of workshop _____

Location _____

FACILITATOR SIGNATURE

DATE

STUDENT SIGNATURE

DATE

CCAMPIS SIGNATURE

DATE

PLEASE NOTE: you are responsible for 3 volunteer hours per semester!

STUDENTS: Please drop this form at my office in Room 106 or email the form to Melissa.Cooper@fdtc.edu in order to get credit for your volunteer hours.