

## DARTMOUTH COLLEGE CHILD CARE CENTER

The Dartmouth College Child Care Center is located on Reservoir Rd., in Hanover, opposite the Ray Elementary School. The Center can accommodate 86 children at any one time. There are 16 places for infants and toddlers (generally under 24 mos.), 10 two year-olds, 12 two to three year-olds, 30 three and four year-olds, and 18 five year-olds (Kindergarten age). Children are eligible for admission if a parent/guardian is employed by D.C. and eligible for employee benefits. Children who are age-eligible are enrolled on a first-come, first-served basis within enrollment pattern possibilities. Children attend for two or more full days a week. The same enrollment and fee provisions apply to 19 spaces at the DHMC Child Care Center. Your child's name will be entered on a waiting list for both centers unless you specify otherwise, and you will receive confirmation that your child is on the waiting list.

Hours of operation are 7:30 am - 5:30 pm, Monday to Friday, year-round. On school days the Kindergarten-age program operates 11 am - 5:30 pm. DCCCC closes on days College offices are closed for holidays. DHMCCC closes for seven holidays a year on Mary Hitchcock Memorial Hospital's schedule. Fees are assessed on a sliding scale based on gross family income, reduced by \$10,000 (\$5,000 for income brackets 1-4) for each additional dependent child in full-time pre-school child care. Fees are prorated for part time enrollment, i.e. 2 days/week = 40%, 3 days/week = 60% and 4 days/ =80% of full-time tuition.

### DCCCC Feescale Monthly Fees 2007-08

Cat.	Income Categories	Kinderg.					
		Infants	Twos	2/3's	Preschool	Full Day	After-K
1	0-35,000	673	605	565	552	429	323
2	35,001-40,000	748	674	629	614	478	359
3	40,001-45,000	845	761	710	693	540	406
4	45,001-50,000	952	857	800	781	608	457
5	50,001-60,000	1,069	962	898	877	683	513
6	60,001-70,000	1,181	1,063	992	969	754	567
7	70,001-80,000	1,294	1,165	1,087	1,061	826	621
8	80,001-90,000	1,426	1,283	1,198	1,169	910	684
9	90,001-100,000	1,531	1,378	1,286	1,255	977	735
10	100,001-110,000	1,678	1,511	1,410	1,351	1,072	806
11	110,001-120,000	1,743	1,569	1,464	1,395	1,113	837
12	120,001+	1,803	1,623	1,515	1,453	1151	865

Upon enrollment, parents will complete a child profile form, emergency medical information form, permission slips, income assessment form and a medical form signed by the child's physician. The Center provides nutritious snacks and beverages. Parents are responsible for providing diapers and formula for infants, and packed lunches for older children.

The purpose of the Center is to meet the daytime child care needs of College personnel by providing a warm, stimulating, safe and reliable environment for the care of young children.

The Dartmouth College Child Care Center is a program of the Child Care Resource Office, Office of Institutional Diversity & Equity. Staffing ratios and all other policies and procedures of the Center are in accordance with the standards for child care licensing and regulation of the Department of Health & Human Services, State of New Hampshire. For more information call the Center at: (603) 643-4490, Jeff Robbins, Director. This form is downloadable from the DCCCC web site. E-Mail: [Jeff.Robbins@Dartmouth.EDU](mailto:Jeff.Robbins@Dartmouth.EDU) FAX (603) 646-4490.

### APPLICATION FOR ENROLLMENT

PLEASE RETURN TO DC CHILD CARE CENTER H.B. 6233 or e-mail to [DCCCC@Dartmouth.edu](mailto:DCCCC@Dartmouth.edu). Your child's name will also be placed on the waiting list for spaces supported by D.C. at the DHMC Center.

Child's Name:	Birth date:	Sex:
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Home address:	Home phone:
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Parent/Guardian Name:	Place of work:	Phone:
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Address and phone (if different):	e-mail:
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<i>Highlight DC Affiliation:</i> Faculty    Research Assistant (please indicate A, B or C)    Exempt    Non-exempt    Service Student    Non-DC
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DC employees only:	Dept.	HB	Percentage of full time employed by DC:	%
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Parent/Guardian name:	Place of work:	Phone:
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Address and phone (if different):	e-mail:
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<i>Highlight DC Affiliation:</i> Faculty    Research Assistant (please indicate A, B or C)    Exempt    Non-exempt    Service Student    Non-DC
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DC employees only:	Dept.	HB	Percentage of full time employed by DC:	%
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Desired date of enrollment:	Child's age at that time:
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Enrollment desired (please indicate which days of the week you would like):
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Parent/Guardian signature:
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Electronic Signature: checking this box and submitting this form electronically is the legal equivalent of your paper signature.

Parent/ Guardian Name:
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