

# Application for Child Care Financial Assistance

If English is not your primary language and you need help understanding this information, tell your local office.  
 إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.  
 Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.  
 အကယ်၍ အင်္ဂလိပ်စကားသည် သင့်မိခင်ဘာသာစကား မဟုတ်သဖြင့် ဤသတင်းအချက်အလက်ကို နားလည်ရန်အတွက် အကူအညီလိုအပ်ပါက သင့်ဆေးသန့်ခန်းကို အကြောင်းကြားပါ။  
 Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.  
 Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenzuzo, egera ibiro vyaho uba.  
 यहिद अइंग्र जी तपा को य खय तत ा जी तल ई या बह्न तयो हक, जी तपा स रय प यत्तयक ख त हे  
 Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadna u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.  
 Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.  
 Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.  
 Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.

## Section One: Applicant Information

**Complete all fields. Incomplete applications will be returned.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr, Sr, II) \_\_\_\_\_

Other Names, such as Maiden Name or Alias \_\_\_\_\_

Home/Physical Address (required) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from address above) \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Vermont Resident:  Yes  No

Social Security Number\* \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

U.S. Citizen:  Yes  No If no, please indicate status:  Refugee  Immigrant  Asylee  Permanent Resident  
 Other (please explain) \_\_\_\_\_

Marital Status:  Married  Civil Union  Legally Separated  Separated  Divorced  Single  Single w/Domestic Partner  Widowed

Gender:  Female  Male Single-Parent Household:  Yes  No Primary Language: \_\_\_\_\_

Race (check all that apply):  American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

Ethnicity:  Hispanic  Non-Hispanic

\* You are not required to list your social security number on this application. Please note if you choose not to disclose your social security number, it may delay your application processing.

Is your family homeless:  Yes  No

Does the applicant have one million dollars or more in assets?  Yes  No

Is a parent currently active duty in the U.S. Military, a member of a National Guard Unit or a Military Reserve Unit:  Yes  No  
 If Yes,  Active Military  National Guard/Military Reserve

All phone numbers (check your preference):  
 Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

## Section Two: Need for Care

- Employment
- Self-Employment
- Seeking Employment
- Training/Education
- Special Health Need - Parent
- Reach Up Case Worker: \_\_\_\_\_

*See page 7 for required documentation.*

- Reason services are needed. (check all that apply)**
- Special Health Need - Child
  - Family Support - Requires Additional Application (i.e., extreme stress your family is experiencing in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors)



**Section Three: Other Household Members****List second parent/guardian and all children living in the household. (use additional page if needed)**

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	Middle Name	Suffix (Jr, Sr, II)
Date of Birth (mm/dd/yyyy)	Social Security Number *	Primary Language	Relationship to Applicant
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate status: <input type="checkbox"/> Refugee <input type="checkbox"/> Immigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Permanent Resident			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			
Is this a special needs child under age 19 requiring child care? (Special Needs Documentation is Required) <input type="checkbox"/> Yes <input type="checkbox"/> No			

\* You are not required to list your social security number on this application.  
Please note if you choose not to disclose your social security number, it may delay your application processing.

**Section Four: Applicant's Need for Care**

Complete this section about yourself.

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have a Bachelor's Degree?  Yes  No Does your employer contribute money towards child care?  Yes  No

Indicate your work hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm					
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate your school/training hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm					
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

**Section Five: Second-Parent's Need for Care**

Complete this section for a second parent in the household. If there is none, go to Section 6.

Employed at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled work hours per week \_\_\_\_\_

Employer's Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have a Bachelor's Degree?  Yes  No Does your employer contribute money towards child care?  Yes  No

Indicate your work hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm					
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

In school or training at \_\_\_\_\_ Flexible schedule?  Yes  No Scheduled hours per week \_\_\_\_\_

Indicate your school/training hours, circle AM or PM:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start _____ am / pm	_____ am / pm					
End _____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm	_____ am / pm

**Section Six: Requested Child Care Provider**

Your provider must be registered, licensed, or certified by the Child Development Division to receive payment.

Child's Name \_\_\_\_\_

Child Care Provider's Name \_\_\_\_\_

Child Care Provider's Location \_\_\_\_\_

City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Child Care Provider Relationship to Child \_\_\_\_\_

Child Care Start Date \_\_\_\_\_

Indicate hours needed, circle AM or PM:

Sunday	_____ am / pm to _____ am / pm
Monday	_____ am / pm to _____ am / pm
Tuesday	_____ am / pm to _____ am / pm
Wednesday	_____ am / pm to _____ am / pm
Thursday	_____ am / pm to _____ am / pm
Friday	_____ am / pm to _____ am / pm
Saturday	_____ am / pm to _____ am / pm

**Section Six: Requested Child Care Provider Continued**

Child's Name \_\_\_\_\_  
 Child Care Provider's Name \_\_\_\_\_  
 Child Care Provider's Location \_\_\_\_\_  
 City \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Child Care Provider Relationship  
 to Child \_\_\_\_\_  
 Child Care Start Date \_\_\_\_\_

Indicate hours needed, circle AM or PM:

Sunday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Monday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Tuesday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Wednesday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Thursday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Friday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Saturday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

Child's Name \_\_\_\_\_  
 Child Care Provider's Name \_\_\_\_\_  
 Child Care Provider's Location \_\_\_\_\_  
 City \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Child Care Provider Relationship  
 to Child \_\_\_\_\_  
 Child Care Start Date \_\_\_\_\_

Indicate hours needed, circle AM or PM:

Sunday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Monday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Tuesday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Wednesday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Thursday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Friday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
 Saturday \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

**Section Seven: Child Support Information**

If you are receiving court ordered child support please complete the boxes below. *See page 7 for required documentation.*

Amount received	Were you or are you still legally married to the person paying child support?	Names of children for whom support is received	Name of absent person paying child support
\$ _____ per	<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$ _____ per	<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$ _____ per	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are not receiving court ordered child support please provide a an explanation why below. Include the absent parent's name, physical address and indicate whether you were or still are married to the absent parent. Please indicate how much he/she contributes monthly. If the contribution is in the form of goods (diapers, wipes, clothing), mortgage payments, rent payments, etc... please indicate a monthly value in dollars.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does anyone in your household pay regular court ordered child support?  Yes  No If yes, please provide verification.

Name of Person Paying \_\_\_\_\_ Amount \_\_\_\_\_  
 Frequency \_\_\_\_\_

**Section Eight: Household Income**

Indicate household income by recipient and type of income.

For each type of income you claim you must supply written evidence. Examples of documentation include two current consecutive pay stubs, a copy of last year's income tax return for self-employment, a statement from your employer confirming wages for new employment, or a copy of your court order for child support.

Family Member \_\_\_\_\_

Family Member \_\_\_\_\_

Type of Income (select all that apply):

Type of Income (select all that apply):

	Amount	Frequency
<input type="checkbox"/> AmeriCorps Stipend	_____	_____
<input type="checkbox"/> Child Support Received	_____	_____
<input type="checkbox"/> Dividend Income	_____	_____
<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____
<input type="checkbox"/> Housing Assistance	_____	_____
<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Military Pay-Active Duty	_____	_____
<input type="checkbox"/> Military Pay-Reserve	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> PSE Stipend	_____	_____
<input type="checkbox"/> Reach Up	_____	_____
<input type="checkbox"/> Reach Up Child Only	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Self-employment Income	_____	_____
<input type="checkbox"/> Social Security Benefit	_____	_____
<input type="checkbox"/> Spousal Maintenance Received	_____	_____
<input type="checkbox"/> Supplemental Security Income	_____	_____
<input type="checkbox"/> Tips, etc.	_____	_____
<input type="checkbox"/> Trust Fund	_____	_____
<input type="checkbox"/> Unemployment Compensation	_____	_____
<input type="checkbox"/> Veterans Benefits	_____	_____
<input type="checkbox"/> Vista Stipend	_____	_____
<input type="checkbox"/> Wages	_____	_____
<input type="checkbox"/> Worker's Compensation	_____	_____

	Amount	Frequency
<input type="checkbox"/> AmeriCorps Stipend	_____	_____
<input type="checkbox"/> Child Support Received	_____	_____
<input type="checkbox"/> Dividend Income	_____	_____
<input type="checkbox"/> 3SquaresVT (formerly food stamps)	_____	_____
<input type="checkbox"/> Housing Assistance	_____	_____
<input type="checkbox"/> Interest Income	_____	_____
<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Military Pay-Active Duty	_____	_____
<input type="checkbox"/> Military Pay-Reserve	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> PSE Stipend	_____	_____
<input type="checkbox"/> Reach Up	_____	_____
<input type="checkbox"/> Reach Up Child Only	_____	_____
<input type="checkbox"/> Rental Income	_____	_____
<input type="checkbox"/> Self-employment Income	_____	_____
<input type="checkbox"/> Social Security Benefit	_____	_____
<input type="checkbox"/> Spousal Maintenance Received	_____	_____
<input type="checkbox"/> Supplemental Security Income	_____	_____
<input type="checkbox"/> Tips, etc.	_____	_____
<input type="checkbox"/> Trust Fund	_____	_____
<input type="checkbox"/> Unemployment Compensation	_____	_____
<input type="checkbox"/> Veterans Benefits	_____	_____
<input type="checkbox"/> Vista Stipend	_____	_____
<input type="checkbox"/> Wages	_____	_____
<input type="checkbox"/> Worker's Compensation	_____	_____

**Section Nine: Consent to Exchange Information**

**Complete this section about yourself.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr, Sr, II) \_\_\_\_\_

I give my permission for the eligibility specialists to exchange information required to determine my/our eligibility for Child Care Financial Assistance with, please check the boxes below that apply:

*(For any boxes not checked I understand I am responsible for documentation needed to determine my eligibility. Failure to provide documentation may delay my application.)*

- Department for Children and Families, Office of Child Support
- Department for Children and Families, Economic Services Division
- Department of Labor, formerly the Department of Employment & Training
- Department for Children and Families, Family Services Division
- Vocational Rehabilitation
- Child Care Provider \_\_\_\_\_ (provider's name)
- Employer \_\_\_\_\_ (employer's name)
- Family Support Team
- Essential Early Education (EEE)
- Visiting Nurses Association (VNA)
- Children's Integrated Services (CIS)
- Other \_\_\_\_\_

Relationship to child(ren) covered by this consent form:

- Mother
- Father
- Legal guardian
- Other \_\_\_\_\_
- I do not give consent to share my information with the agencies listed above.

**Section Ten: Verification and Signature**

**You must sign and date your application in ink.**

- I understand that the Child Development Division will notify me in writing about its decision on my application.
- I certify that the information given on this form is true and correct to the best of my knowledge.
- I understand that I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size; marital status; unemployment, employment, or training status; address, and income).
- I understand that I could be subjected to prosecution for fraud if I do not report changes within 10 business days of the change, or provide incorrect or misleading information.
- If I am eligible, I understand that I must pay the difference between the child care financial assistance I receive and what my provider charges.
- I understand that I must pay for any child care costs I incur while I am not eligible for child care financial assistance.
- I understand failure to provide required documentation may result in denial of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Instructions and Required Documentation

If your application is not completely filled out, it will be returned. Required forms may be obtained either by contacting your eligibility specialist or by downloading them from <http://dcf.vermont.gov/cdd>

*If you are found eligible, your child care financial assistance will begin on the date your completed application is received.*

Eligibility is determined based on your family's need for child care, total gross household income, and family size. Each parent/legal guardian must have one of the following service needs (reason for child care):

- **Employment:** Please submit two consecutive pay stubs from the last 30 days for each job you have. If you have a new job and have not yet received paystubs, please request an employment verification form. If your employer does not withhold taxes for you and you will pay those taxes yourself at the end of the year, follow the instructions for self employment.
- **Self-Employment:** Complete a Self-Employment Business Plan form. If you have been self-employed for more than one year, enclose a complete copy of your most recent tax return. If you have been self-employed for less than one year, a profit and loss form will be required.
- **In School or Training:** Complete a Training Plan Form, along with your course schedule including days and hours attending. If study time is needed, it may be granted at the rate of one hour per hour of class time. Upon completion of your classes, you will need to provide documentation of successfully completed coursework.  
*If you have a Bachelor's Degree, you are ineligible for financial assistance under this service need.*
- **Reach Up:** If you are eligible for Reach Up, ask your Reach Up case manager to submit an authorization for child care to your child care eligibility specialist.
- **Seeking Employment:** If you are looking for work and receiving TANF, contact your Reach Up case manager. If you are looking for employment and NOT on TANF, submit a Work Search Plan Form.
- **Special Health Need (Adult):** If you are medically incapacitated complete this application and submit a Special Health Need Adult form signed by an physician (MD), Nurse Practitioner (NP), Physician Assistant (PA) or state Licensed Psychologist.

## Children's Integrated Services (CIS) Service Needs:

- Protective Services:** Please discuss your need for child care with your Family Services social worker. Your social worker will let you know what information is required.
- Family Support:** If your family is experiencing extreme short term stress in areas such as shelter, safety, emotional stability, substance abuse, and children's behaviors. Please contact the CIS Child Care Coordinator at your local agency.
- Special Health Need (Child):** Request from the CIS Child Care Coordinator a Special Health Need Supplemental Documentation form.

## Additional Required Documentation:

- Adoption:** If you are a parent with an adoption assistance agreement through the State of Vermont, you must enclose a copy of your adoption subsidy agreement with your application. You will need to verify your service need for child care, but *your income may be waived if you have an adoption agreement with the State of Vermont.*
- Household Income:** Include verification of all other household income such as SSI, Social Security, Veteran's Benefits, unemployment benefits, Worker's Compensation, interest income, stocks and bonds, and rental income. Include a copy of your check or a letter from the agency from which you receive compensation.
- Child Support Verification:** For each child, include a court order, or a 6-12 month payment history from the Office of Child Support.

# Community Child Care Support Agencies

If you have any questions regarding what information to send with this application or need help completing this application, please call your local community agency listed below.

Return your completed application along with all required supporting documentation to your local community agency.

<p><b>The Family Center Of NW VT</b>          60 Lake Street, Suite 100          St. Albans, VT 05478          (802) 524-6554</p>	<p><b>Child Care Resource</b>          181 Commerce Street          Williston, VT 05495          (802) 863-3367</p>
<p><b>Kingdom Child Care Connection</b>          1222 Main Street Suite 301          St. Johnsbury, VT 05819          (802) 748-1992</p>	<p><b>Windham Child Care Association</b>          130 Birge Street          Brattleboro, VT 05301          (802) 254-5332</p>
<p><b>NEKCA Parent Child Center</b>          70 Main Street          PO Box 346          Newport, VT 05855          (802) 334-7316</p>	<p><b>Child Care Support Services</b>  <b>VT Achievement Center</b>          88 Park Street          Rutland, VT 05701          (802) 773-4365</p>
<p><b>Bennington Child Care</b>          238 Union Street          PO Box 929          Bennington, VT 05201          (802) 447-6936</p>	<p><b>Lamoille Family Center</b>          480 Cadys Fall Road          Morrisville, VT 05661          (802) 888-5229</p>
<p><b>The Family Place</b>          319 Us Route 5 South          Norwich, VT 05055          (800) 639-0039</p>	<p><b>Springfield Area Parent Child Center</b>          6 Main Street          North Springfield, VT 05150          (802) 886-5242</p>
<p><b>Mary Johnson Child Care Services</b>          81 Water Street          Middlebury, VT 05753-0591          (802) 388-4304</p>	<p><b>Family Center Of Washington County</b>          383 Sherwood Drive          Montpelier, VT 05602          (802) 262-3292</p>