



LITTLE SPROUTS

AT SHAKER PLACE

Daniel P. McCoy
County Executive

Mark S. Olsen
Executive Director

2024 Childcare Subsidy Application Form

Eligibility: To be completed by a parent/legal guardian who is a current or prospective full-time Albany County or Shaker Place employee. Incomplete applications will not be processed. Please complete and submit this form to the reception desk. If you are interested in enrolling more than one child in Little Sprouts, you are required to submit separate applications.

Type of Application (check one): New Adding/changing information
 Annual renewal Reapplication (previously enrolled)

Work Location: (Check Appropriate Box)

Shaker Place: Department: _____ Title: _____
 Albany County: Department: _____ Title: _____

Typical Schedule: **TIME:** From _____ am/pm To _____ am/pm

WORKDAYS: ____ M-F or ____ Full-Time with Every Other Weekend

Employee Information:

Full Name: _____ Phone Number: _____

Email: _____ Employee ID (current staff member): _____

Relationship to Child: _____ (IF NOT PARENT, ATTACH LEGAL DESIGNATION OF CUSTODY/GUARDIANSHIP)

Child Information:

Child's Full Name: _____ Preferred Start Date: _____

Date of Birth: _____ Age: _____ YRS _____ Months

Emergency Contact Information:

Name: _____ Relationship to Child: _____

Phone Number: _____



Weekly Cost to Employee

Child Age	Salary below \$51,610 100% Subsidy Per Child	Salary between \$51,610 - \$83,370 75% Subsidy Per Child	Salary more than \$83,370 50% Subsidy Per Child
18 mo - 3 years	FREE \$0	\$70	\$140
3-4 years	FREE \$0	\$68	\$135
5 years	FREE \$0	\$65	\$130

- Initial hours of operation are Monday through Friday, starting each day at 6:45 a.m. through 5:30 p.m.
- Free or subsidized childcare at Little Sprouts is available to full-time County and Shaker Place employees.
- Salary is calculated by multiplying base hourly rate by base annual worked hours.
- Subsidy is contingent on the staff member applying for all additional applicable subsidy programs.

Upon separation of employment, parent or legal guardian is responsible for prospective full payment amount if they opt to keep their child enrolled.

Free or subsidized employer-provided childcare is a taxable benefit. Qualifying dependent care assistance exceeding more than \$5,000 annually is NOT exempt from income taxes.

Authorization: I hereby authorize Shaker Place Rehabilitation and Nursing Center to deduct the subsidized daycare fees from my salary as agreed upon. I understand that this authorization will remain in effect until I provide written notice to revoke it or I am no longer employed by the County or Shaker Place Rehabilitation and Nursing Center.

I understand that it is a federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my employment.

Employee Signature: _____ Date: _____

THIS INFORMATION IS SUBJECT TO CHANGE
COMPLETION OF APPLICATION DOES NOT GUARANTEE PLACEMENT OR SUBSIDY

THIS SUBSIDY APPLICATION HAS BEEN APPROVED ____ YES ____ NO (REASON: _____)

Subsidy Approved _____% BY: _____ DATE: _____

Original to Finance Office, Copies to Colonie Youth Center and Personnel File 6/12/24