



**APPLICATION FOR CHILDCARE VOUCHER PROGRAM**

*Please complete one application per child. Applications must be completed fully and returned to Truro Town Hall, Attention: Childcare Voucher Program, P.O. Box 2030, Truro, MA 02666 or to [ChildcareVouchers@truro-ma.gov](mailto:ChildcareVouchers@truro-ma.gov) with the subject line "Childcare Voucher Program" by February 28, 2026 at 4:00 pm.*

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

Child's Date of Birth: \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian is:

A Truro Resident

A Town of Truro Employee

An employee or business owner employed for 20+ hours per week in Truro:

Business Name: \_\_\_\_\_

**CHILDCARE PROVIDER INFORMATION**

*Please list all licensed childcare programs attended by this child.*

Name of Program Provider: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Program Hours: \_\_\_\_\_

Program Phone Number: \_\_\_\_\_

Program Email: \_\_\_\_\_

Name of Program Provider: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Program Hours: \_\_\_\_\_

Program Phone Number: \_\_\_\_\_

Program Email: \_\_\_\_\_

*The following questions are helpful to understand the families served by this program. This program is not needs-based and responses to these questions will not be used to determine eligibility and/or funding allocations.*

Total Approximate Annual Household Income: \_\_\_\_\_

Household Size (# of Persons): \_\_\_\_\_

Estimated Monthly Childcare Cost for This Child: \_\_\_\_\_

Estimated Number of Hours of Childcare for This Child Per Week: \_\_\_\_\_



*Please provide employment information for each parent/guardian in the designated box and list all jobs held by each parent/guardian over the course of the year.*

Parent/ Guardian 1

Employed       Not Employed

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Parent/ Guardian 2

Employed       Not Employed

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

Job Sector (i.e. Retail, Hospitality, Government, Agriculture, etc.): \_\_\_\_\_

Is this a Seasonal Position?       Yes       No

Job Type: \_\_\_\_\_

Job Location (Please List Town): \_\_\_\_\_

*In signing this application, I verify that all information provided is accurate and truthful. I am aware that this is signed under penalty of perjury.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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