



Parent's Child Care Story Form

Early Learning NH is collecting family's stories to share with state leaders



- ★ Are you struggling to keep your job and the child care you need to keep working?
- ★ Is your family on the wait list for state child care assistance?
- ★ Are you worried you'll have to take your children out of their child care or afterschool program because you can't afford it?

Whatever your situation, Early Learning NH wants to hear what you're facing and wants New Hampshire's leaders to hear it, too. For example, we are concerned that being on the state child care wait list forces families to make too tough of a choice: quit working OR move their little one to an unregulated provider of uncertain quality OR send their child home alone after school. We believe that hard-working families should have the child care they need to keep working and no parent should have to choose between the child they love and the job they need. We will make sure your story is heard by those who have the power to make positive change (your U.S. or N.H. senator or representative, your mayor or selectman, the Governor, and other state leaders). *Telling your story can make a real difference!*

Early Learning NH is a private, nonprofit organization with a mission to ensure every child in New Hampshire has the opportunity to reach their full potential.

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We suggest you keep this top section with our address and phone number, so you can contact us whenever you wish.

FILL OUT THE SECTION BELOW AND MAIL, FAX OR EMAIL IT TO EARLY LEARNING NH.



Early Learning NH will not share your name or contact information without your permission. Questions? Feel free to call us at 226-7900.

1. Contact Information:

YOUR NAME(S) _____ / _____

CITY/TOWN WHERE YOU LIVE _____ / CITY/TOWN(S) WHERE YOU WORK _____

HOME OR CELL PHONE _____ WORK PHONE _____

EMAIL _____

OF CHILDREN _____ AGES OF CHILDREN: _____

MY CHILD(REN) ATTEND A CHILD CARE OR AFTERSCHOOL PROGRAM: YES NO

2. Permission for sharing my story – please check ONLY ONE:

- BY SIGNING ON THIS LINE, I GIVE EARLY LEARNING NH PERMISSION TO SHARE MY WRITTEN STORY, BELOW.
- _____
- INSTEAD OF WRITING MY STORY ON THIS FORM, I PREFER TO SHARE MY STORY BY PHONE OR EMAIL OR IN PERSON, SO PLEASE CONTACT ME DIRECTLY.

3. Please check ALL that apply:

State Child Care Assistance:

- MY FAMILY IS ON THE STATE CHILD CARE **WAIT LIST**
- MY FAMILY CURRENTLY RECEIVES STATE CHILD CARE ASSISTANCE
- I HAVE NEVER APPLIED FOR STATE CHILD CARE ASSISTANCE

Employment Status:

- EMPLOYED FULL TIME EMPLOYED PART TIME
- MY WORK HOURS WERE REDUCED BY MY EMPLOYER ME
- IN SCHOOL OR TRAINING PROGRAM
- UNEMPLOYED DUE TO: LAY OFF NO CHILD CARE OTHER

I was given this form by:

- NH DISTRICT OFFICE TOWN: _____
- CHILD CARE RESOURCE & REFERRAL TOWN: _____
- MY CHILD CARE OR AFTERSCHOOL PROVIDER
- OTHER: _____

4. My main job worries are: (check all that apply)

- KEEPING MY JOB FINDING A JOB
- PAYING FOR CHILD CARE FINDING CHILD CARE
- CHILD CARE QUALITY OTHER: _____

MY CHILD CARE STORY:

(THANK YOU! FEEL FREE TO USE THE BACK)