



**COMMUNITY ACTION PROGRAM**  
**BELKNAP-MERRIMACK COUNTIES, INC.**  
EMPOWERING COMMUNITIES SINCE 1965



## **CAPBM Community Child Care Program**

The Community Child Care Program is a program designed to provide childcare at a lower cost. The hours are 7:30 AM to 4:30 PM Monday-Friday. We have two locations: Concord and Laconia.

CAPBM's Community Childcare Program is a NAEYC- accredited childcare program and is dedicated to providing high-quality childcare services for infants, toddlers, and preschoolers. We welcome all families looking for full-time childcare to complete an application.

Community Child Care has an infant/toddler room (0-3) and a preschool aged room (3-5). We also work with the Child Care scholarship program through DHHS, and you will be encouraged to apply if contacted for a spot.

You can mail your applications or drop them off in person at either location (located in the same building as Head Start).

**Concord:** 67 Old Loudon Rd. (Infant Toddler & Pre-School)

**Laconia:** 121 Belmont Rd. (Pre-School only)

**Mailing Address** P.O. Box 1016, Concord, NH 03302 Administrative **Office** 8 Old Suncook Road,  
Concord, NH

**Phone:** 603 225-3295 | 1 800 856-5525 TTY/TDD 1 800 735-2964 **Fax:** 603 228-1898

**Website:** [capbm.org](http://capbm.org)



## **Community Childcare Rates 2024-2025**

### **Infant/Toddler (Concord Only)**

6 weeks-17 months      \$349.50 per week

18-35 months              \$322.25 per week

### **Preschool**

36-78 months              \$285.00 per week

**We accept NH State Childcare Scholarship!**

For more information visit our website: <https://capbm.org/Child-Development> or  
contact Elisha Griffin [egriffin@capbm.org](mailto:egriffin@capbm.org) 603-225-3295 ext. 1127

## CAPBM Community Childcare Application

Application Date: \_\_\_\_\_

Infant/Toddler

Preschool

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male

Female

*ERSEA Administrator to determine not eligible for Head Start/Early Head Start services*

Parent/Legal Guardian: 1. \_\_\_\_\_

DOB: \_\_\_\_\_ *(For database purposes only)*

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

\_\_\_\_\_

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

EMAIL: \_\_\_\_\_

Parent/Legal Guardian: 2. \_\_\_\_\_

DOB: \_\_\_\_\_ *(For database purposes only)*

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

\_\_\_\_\_

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

EMAIL: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

*Please return Childcare Application to: Community Action Program Belknap-Merrimack Counties, Inc.  
Attention: Elisha Griffin  
P.O. BOX 1016  
Concord, NH 03302-1016*

*Or via email: [egriffin@capbm.org](mailto:egriffin@capbm.org)*