

APPLICATION FOR FINANCIAL ASSISTANCE *Fruit and Flower Child Care Center*

Child's Name: _____ DOB _____
 Applicant's Name: _____ Date _____

Marital Status – Check one:
 Single, never married _____ Married _____ Separated _____ Divorced _____

Parent: _____ Parent: _____

Child's Custodian, If different from above: _____

Names/Ages and Relationship to Child of those living in the household:

Name	Relationship to Child

Total: _____

NEED FOR CARE

Employer and Work Schedule: _____

School and Course of Study : _____

Estimated Date of Completion: _____

FINANCIAL INFORMATION:

Employer offer any child care benefits? (Yes or No) _____ Eligible for ERDC? (Yes or No) _____

Salaries (gross, before deductions): \$ _____ Per Month

Child Support: \$ _____ Per Month

Other Income (alimony, disability, grants, et cetera) \$ _____ Per Month

TOTAL \$ _____ Per Month

I understand that I will be asked to provide a copy of the previous year's federal and state tax return or stubs from my/our paycheck(s) as verification of income. I understand any falsification of the above statements will result in termination of my financial assistance and enrollment at Fruit and Flower. I understand that if I have a Change in income, employment, schooling, or living arrangements, I will restate this application.

Signature: _____ Date: _____



For Center Use Only

Full Day _____ Short Day _____ I/T _____ Trans. _____ Preschool _____ Room # _____

Amount of Fee \$ _____ Amount of Scholarship \$ _____ Date of Transition _____

Administrator Initials _____ Date of Review _____