

LEARNING CIRCLE PRESCHOOL
Application for Financial Assistance

Please return the completed application with all required documentation to the school office.

Family Information

Family Size: _____

1. Parent/Guardian #1

Name: _____

Workplace: _____

Mother Father Other: _____

Workplace address: _____

Social Security no.: _____

Workplace phone: (____) _____

Home address: _____

Days at work: M T W T H F Hours per week at work: _____

Home phone: (____) _____

2. Parent/Guardian #2 (in household)

Name: _____

Workplace: _____

Mother Father Other: _____

Workplace address: _____

Social Security no.: _____

Workplace phone: (____) _____

Home address: _____

Days at work: M T W T H F Hours per week at work: _____

Home phone: (____) _____

5. Child's name: _____

Date of birth: _____ **Home address:** _____

6. Please list the names of all other children and other dependants living at home.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

In order for us to determine your eligibility for financial assistance, we *must* have the following documentation:

Income Information

- Most recent **4** pay stubs (if paid weekly) OR most recent **2** pay stubs (if paid bi-weekly) for each parent/guardian in the household
- For the self-employed, a copy of last year's federal tax return and Schedule C and, if available, current year quarterly IRS statement (Note: In families where one parent is self-employed and the other parent is employed, both sets of documentation – tax return/Schedule C for one and pay stubs for the other – must be submitted.)

