Application for Financial Assistance:
Total Child Preschool, Childcare, & Kindergarten

At Total Child Preschool, Childcare, & Kindergarten, we are committed to supporting families and aim to make our programs accessible to everyone. To assist families who seek financial assistance, we offer reduced tuition rates based on the financial needs of the family and our available funds.

We encourage you to fill out the form below and share any additional circumstances that impact your ability to afford tuition. Please note that financial aid is awarded on a first-come, first-served basis, with careful consideration to maintain fairness and equity among all families. Your child's growth and development are our priority, and we are here to support your family as best as we can.

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Program year for which financial assistance is being requested: _____

Child(ren) for whom financial assistance is being requested:

Child's Name: _____ Child's Birthdate: _____
Total Child Program (2s, 3s, 4s, or K): _____

Child's Name: _____ Child's Birthdate: _____
Total Child Program (2s, 3s, 4s, or K): _____

Child's Name: _____ Child's Birthdate: _____
Total Child Program (2s, 3s, 4s, or K): _____

Amount of financial assistance requested (percentage or dollar amount) per month:

_____

Individuals living in the household (list name, relationship - sibling, grandparent, etc., and age for each person):

Name	Relationship	Age

For each adult member of the household listed above, please list the following information:

Name	Employer Name/Address/Phone Number	Length of Employment	Monthly Income (Net income after taxes)

Other income not included above (Including tips, alimony, bonuses, child support, school loans, interests/dividends, etc.)

Name	Description of Income	Monthly Income (Net income after taxes)

Total Monthly Household Income: $_____

Monthly Household Expenses (add in any other household expenses not listed):

Description of Expense	**Monthly Cost**
Rent	
Mortgage	
Food	
Other child(ren) in household childcare cost- Child(ren)'s Name(s) and Age(s):	

Total Monthly Household Expenses: $_____

<u>Additional Information:</u>

Attach copies of the most recent forms for each employed adult in the household:

- ☐ **Federal income tax returns**
- ☐ **Employer pay stubs**

List any unusual expenses you may have incurred in the past year and/or any upcoming financial changes, as well as any additional information you believe will help to better explain your financial status:

Why would financial assistance be important to your family?

I (we), the undersigned, attest that the information provided herein is a true and accurate statement of my (our) current financial position. If my (our) financial situation should change materially during the program year, I (we) will notify Total Child Preschool, Childcare & Kindergarten.

_____ _____

Signature **Date**

_____ _____

Signature **Date**