

COMMUNITY EDUCATION EXTENDED DAY KINDERGARTEN APPLICATION TO DETERMINE MONTHLY FEE

Name: _____ Child's Name: _____ Phone: _____

Address: _____

Total FAMILY INCOME before deductions: _____

Total family income before deductions includes the following type(s) of resources. DO NOT list food stamp benefits. List the TOTAL OF ALL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS by type. For each type of income, show the amount received for each week OR every 2 weeks OR every month OR every year. (Use the one column that is the easiest for you to figure out for each type of income).

TYPES OF INCOME	(A) WEEKLY	(B) EVERY 2 WEEKS	(C) MONTHLY	(D) YEARLY
1. Salary, wages, commissions from employment and earnings from self-employment (ex. farming)				
2. Public assistance, welfare, AFD, and unemployment compensation				
3. Child support and alimony				
4. Strike benefits, social security, pensions, retirement annuities, disability payments				
5. Cash received/withdrawn from savings, investments, trust accounts (with interest) and contributions, etc.				
6. Other circumstances affecting my ability to pay at this time (backside may be used)				
7. TOTAL OF ABOVE				
8. YEARLY TOTAL	x 52 weeks	x 26 bi-weekly periods	x 12 months	x 1 year
	per year	per year	per year	per year

TOTAL ANNUAL HOUSEHOLD INCOME = \$ _____ (Add the numbers of Line 8, columns A+B+C+D for total)

I CERTIFY that all of the above information is true and correct. I understand that:

- a. this information is being given in connection with the receipt of District 742 funds.
- b. school officials may verify the information on the application.
- c. if verification cannot be obtained, the household will provide the name of the person or organization to contact in order to obtain the necessary information.

Signature of Parent or Guardian

Date

Because of the personal nature of this information, this subsidy will be treated with complete confidentiality. Only parents and authorized school personnel will be permitted access to this information without parental consent

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

<i>Monthly Fee</i>	<i>Date of Determination</i>	<i>Signature of Principal</i>	<i>Date Parent was Notified</i>