



**New Trier Township
Child Care Financial Assistance Program
2011-2012 Application**

This application is for Day Care Program Before/After School Program

Applicant Information

Family Name		
Mother's Name	Father's Name	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together		
Child resides with Name	Relationship	
Address		
City	Zip	
Home Phone	Cell Phone	Email

Checklist

Before submitting your application, use this handy checklist to make certain you have included ALL the required documentation.

- Copy of 2010 Income Tax Return
- Copy of two income vouchers from last 30 days
- Proof of residency (current lease or letter signed by property owner)
- Verification of child's enrollment
- Copy of the current fee sheet from provider
- Mail your completed application and supporting documents to arrive no later than August 1, 2011 to:

**New Trier Township
739 Elm St.
Winnetka, IL 60093
Attn: Child Care Financial Assistance Program**

Please note, failure to provide all documentation will render applicant ineligible.

Employment Information

Father

Work hours & days	
Employer	
Address	
City	Zip
Work Phone	Fax
Email	

Mother

Work hours & days	
Employer	
Address	
City	Zip
Work Phone	Fax
Email	

Children Living in the Custodial Home

Please list ALL children in household as this will be considered in determining your eligibility. If not requesting assistance for that child, check NA.

Name	Age	Grade	Program Request
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA
			<input type="checkbox"/> Day Care <input type="checkbox"/> Before/After School <input type="checkbox"/> NA

List any other persons living in your home for which you provide financial support

Name	Relationship
Name	Relationship
Name	Relationship

Child Care Provider or Program Information

Child #1

Provider	Type of Program	
Provider Contact Name		
Address	City	Zip
Phone	Monthly or program cost \$	

Child #2

Provider	Type of Program	
Provider Contact Name		
Address	City	Zip
Phone	Monthly or program cost \$	

Child #3

Provider	Type of Program	
Provider Contact Name		
Address	City	Zip
Phone	Monthly or program cost \$	

If you have paid a registration deposit for any of the above programs, please indicate that amount \$	
If you have been awarded financial assistance from another source, please state the source and the amount granted.	
Source	Amount \$
Please explain how financial assistance may help your family at this time and describe any unusual circumstances that you want to share with the committee. If extra space is needed, attach a separate sheet.	
How did you learn about the New Trier Township Financial Assistance Program?	

Agreement

I certify that all the information supplied on this application is true and correct to the best of my knowledge and belief. If I am found to have falsely presented my financial or working status, I understand any financial assistance will be terminated.

I understand that if my financial status changes, I will report the change to the Financial Assistance Review Committee.

I understand that the Township will coordinate the disbursement of financial assistance monies with the administrator of the child care program or other involved agency chosen by me and listed in this application.

I understand that I will be responsible for a portion of the child care costs and that these costs will be paid in full in accordance with the fee structure of the program that I have chosen. Failure to do so may result in a denial of any future financial assistance.

Applicant's Signature	Date
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