



NEW TRIER TOWNSHIP

**CHILD CARE FINANCIAL ASSISTANCE
Summer Camp Program - Application for 2018**

Checklist

IMPORTANT – PLEASE READ

To qualify for Child Care Financial Assistance you must answer YES to the following questions:

- √ Are you and your child a resident of New Trier Township?
- √ Is this program state licensed?

Please make sure you have completed all the checklist items below BEFORE submitting your application for Child Care Financial Assistance.

➤ Incomplete forms, or those missing required documentation, will be returned for completion. Failure to provide all documentation will render applicant ineligible for the Child Care Financial Assistance Program.

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- Child Care Financial Assistance – Summer Camp Program Application
- 2016 or 2017 Income Tax Return
- Two (2) Paycheck Stubs (for each parent) from the last 30 days
- Proof of Residency:
(current lease or letter signed by property owner, or current utility bill)
- Verification of Child’s Enrollment in Program*
- Total Program Cost for each child from respective providers

**DEADLINE:
April 27,
2018**

**APPLICATIONS
SUBMITTED AFTER
THE DEADLINE WILL
NOT BE ACCEPTED**

***Applications will not be considered without written verification of the child’s program enrollment from the program provider.**

IF ADDITIONAL INFORMATION IS REQUIRED YOU WILL BE CONTACTED

Mail your completed application and required documentation to the address below.
Paper Submissions Are Required.

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



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Applicant Information

MOTHER'S FULL NAME:

FATHER'S FULL NAME:

MARITAL STATUS

SINGLE MARRIED SEPARATED DIVORCED WIDOWED LIVING TOGETHER

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

E-MAIL:

How did you learn about the New Trier Township Financial Assistance Program?

Please explain how financial assistance may help your family at this time. Describe any unusual circumstances that you want to share with the committee. If extra space is needed, you may attach a separate sheet.



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Employment Information

FATHER: Work Hours & Days

PART TIME FULL TIME TOTAL DAYS PER WEEK TOTAL HOURS PER WEEK

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP

EMPLOYER PHONE

EMPLOYER FAX

EMPLOYER E-MAIL

MOTHER: Work Hours & Days

PART TIME FULL TIME TOTAL DAYS PER WEEK TOTAL HOURS PER WEEK

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CITY

STATE

ZIP

EMPLOYER PHONE

EMPLOYER PHONE

EMPLOYER E-MAIL



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Children

LIST ALL CHILDREN IN YOUR HOUSEHOLD INCLUDING ANY NOT NEEDING PROGRAM ASSISTANCE

CHILD #1 – FULL NAME	AGE	GRADE
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► *FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD*

CHILD CARE PROVIDER	PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	
PROVIDER ADDRESS	CITY	ZIP

What is the total cost of this program? \$

Have you submitted a registration application to the program provider for this child? YES NO

If yes, have you received confirmation of acceptance for this child? YES NO

Have you paid a registration deposit to the program provider for this child? YES NO

If yes, please indicate the amount of the deposit. \$

Have you been awarded financial assistance from the program provider for this child? YES NO

If yes, please indicate the amount of financial assistance you received. \$

CHILD #2 – FULL NAME	AGE	GRADE
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► *FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD*

CHILD CARE PROVIDER	PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	
PROVIDER ADDRESS	CITY	ZIP

What is the total cost of this program? \$

Have you submitted a registration application to the program provider for this child? YES NO

If yes, have you received confirmation of acceptance for this child? YES NO

Have you paid a registration deposit to the program provider for this child? YES NO

If yes, please indicate the amount of the deposit. \$

Have you been awarded financial assistance from the program provider for this child? YES NO

If yes, please indicate the amount of financial assistance you received. \$



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CHILD #3 – FULL NAME		AGE	GRADE
<i>► FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME		PROVIDER PHONE #	
PROVIDER ADDRESS		CITY	ZIP
What is the total cost of this program? \$			
Have you submitted a registration application to the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, have you received confirmation of acceptance for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you paid a registration deposit to the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate the amount of the deposit. \$			
Have you been awarded financial assistance from the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate the amount of financial assistance you received. \$			

CHILD #4 – FULL NAME		AGE	GRADE
<i>► FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME		PROVIDER PHONE #	
PROVIDER ADDRESS		CITY	ZIP
What is the total cost of this program? \$			
Have you submitted a registration application to the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, have you received confirmation of acceptance for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you paid a registration deposit to the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate the amount of the deposit. \$			
Have you been awarded financial assistance from the program provider for this child?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate the amount of financial assistance you received. \$			



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CHILD #5 – FULL NAME		AGE	GRADE
▶ <i>FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME		PROVIDER PHONE #	
PROVIDER ADDRESS		CITY	ZIP
<p style="text-align: center;">What is the total cost of this program? \$</p> <p>Have you submitted a registration application to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Have you paid a registration deposit to the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, please indicate the amount of the deposit. \$</p> <p>Have you been awarded financial assistance from the program provider for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please indicate the amount of financial assistance you received. \$</p>			

Other Dependents

LIST ALL OTHER PERSONS LIVING IN YOUR HOME

NAME OF DEPENDENT	RELATIONSHIP	DO YOU PROVIDE SUPPORT FOR THIS PERSON?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO



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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 all 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 New Trier 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

Once you have completed this form, please print a copy and sign the final page of the application prior to submitting the form.

Mail your completed application and required documentation to arrive *no later than* April 27, 2018:

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