



# NEW TRIER TOWNSHIP

## Child Care Financial Assistance - Summer Camp Program

### What Is the Child Care Financial Assistance Summer Camp Program?

- Our Child Care Scholarship Assistance programs provide financial support to income qualified residents, working full or part-time and/or returning to school. Child Care Scholarship programs provide assistance to eligible parents/guardians utilizing licensed providers of Before/After school, Daycare, and Summer Camp programs.

### Who Is Eligible?

- Legal guardian of a child (aged 13, entering 8th grade or below) receiving care in a licensed facility
- Resident of New Trier Township
- Legal Guardian employed full or part-time; enrolled in job training and/or an educational program
- Family income meets eligibility guideline\*

### Who Qualifies as a Licensed Provider?

- Accredited Kindergarten or Preschool Programs
- School or Park District Affiliated Programs
- State Licensed Daycare Providers

### How Will the Program Be Administered?

- Interested persons will be asked to fill out an application form that can be obtained by calling or visiting the Township office or downloaded from the Township [website](#). Applications must be submitted to the Township office by April 28, 2023 before 5:00 p.m, or postmarked no later than April 28, 2023.

### How Do I Apply?

- Download an application at the New Trier Township website: [www.newtriertownship.com](http://www.newtriertownship.com)
- Call New Trier Township at 847-446-8201 and request an application.
- Visit the New Trier Township Office at 739 Elm Street, Winnetka, IL and pick up an application: Monday-Friday, 9:00am-5:00pm.

### Additional Information:

- Applicants are required to provide supporting documentation (Adjusted Gross Income, confirmed by Federal Income Tax returns)
- Adjusted Gross Income, confirmed by Federal Income Tax returns, must be less than or equal to the amounts listed. The Township will consider special circumstances or extraordinary medical expenses with appropriate supporting documentation

### \*INCOME ELIGIBILITY GUIDELINE

Family of 2	\$49,300
Family of 3	\$55,935
Family of 4	\$67,500
Family of 5	\$79,065
Family of 6	\$90,630





## NEW TRIER TOWNSHIP

# CHILD CARE FINANCIAL ASSISTANCE Summer Camp Program - Application for 2023

### 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 not be considered.

▶ 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
- 2021 \_\_\_ or 2022 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

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

**POSTMARK  
DEADLINE:  
April 28,  
2023**

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

IF ADDITIONAL INFORMATION IS REQUIRED YOU WILL BE CONTACTED

Return 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**



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
Summer Camp Program - Application for 2023**

**Applicant Information**

PARENT 1 FULL NAME:

PARENT 2 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 Township. If extra space is needed, you may attach a separate sheet.



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
Summer Camp Program - Application for 2023**

**Employment Information**

**PARENT 1: 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

**PARENT 2 (if applicable): 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



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
Summer Camp Program - Application for 2023**

**Children**

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

<b>CHILD #1</b> – 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. \$

<b>CHILD #2</b> – 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. \$



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
Summer Camp Program - Application for 2023**

<b>CHILD #3 – FULL NAME</b>		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>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 style="padding-left: 40px;">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: 80px;">If yes, please indicate the amount of the deposit. \$</p> <p style="padding-left: 40px;">Have you been awarded financial assistance from 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 financial assistance you received. \$</p>			

<b>CHILD #4 – FULL NAME</b>		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>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 style="padding-left: 40px;">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: 80px;">If yes, please indicate the amount of the deposit. \$</p> <p style="padding-left: 40px;">Have you been awarded financial assistance from 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 financial assistance you received. \$</p>			



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
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<b>CHILD #5 – FULL NAME</b>		AGE	GRADE
<p><i>→ FILL IN THE FOLLOWING INFORMATION ONLY IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i></p>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME		PROVIDER PHONE #	
PROVIDER ADDRESS		CITY	ZIP
<p>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>    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>    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



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE  
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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 Township Social Services Administrator.*

*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.

Your completed application and required documentation must be postmarked *no later than April 28, 2023*

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