



**NEW TRIER TOWNSHIP**

**CHILD CARE FINANCIAL ASSISTANCE**  
**Day Care Program- Application for 2023-2024**

**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 items in the following checklist ***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 – Day Care Program Application
- 2022 or 2021 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
- Current Fee Sheet from Provider
- Provider License #

**DEADLINE:**  
**July**  
**10th,**  
**2023**

IF ADDITIONAL INFORMATION IS REQUIRED YOU WILL BE CONTACTED

Mail your completed application and required documentation to the address below:  
**Attn: Child Care Financial Assistance Program**

**Counseling Center of the North Shore**  
**992½ Green Bay Rd**  
**Winnetka, IL 60093**



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**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 committee. If extra space is needed, you may attach a separate sheet.



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**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: 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**

*► 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 LICENSE #

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**

*► 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 LICENSE #

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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<b>CHILD #3 – FULL NAME</b>			AGE
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
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. \$			
<b>CHILD #4 – FULL NAME</b>			AGE
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
CHILD CARE PROVIDER		PROGRAM NAME	
PROVIDER CONTACT NAME	PROVIDER PHONE #	PROVIDER LICENSE #	
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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<b>CHILD #5 – FULL NAME</b>			<b>AGE</b>
<i>► FILL IN THE FOLLOWING INFORMATION IF YOU ARE REQUESTING PROGRAM ASSISTANCE FOR THIS CHILD</i>			
<b>CHILD CARE PROVIDER</b>		<b>PROGRAM NAME</b>	
<b>PROVIDER CONTACT NAME</b>	<b>PROVIDER PHONE #</b>	<b>PROVIDER LICENSE #</b>	
<b>PROVIDER ADDRESS</b>		<b>CITY</b>	<b>ZIP</b>
<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>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 style="padding-left: 40px;">If yes, please indicate the amount of financial assistance you received. \$</p>			

<b>Other Dependents</b>		
<b>LIST ALL OTHER PERSONS LIVING IN YOUR HOME</b>		
<b>NAME OF DEPENDENT</b>	<b>RELATIONSHIP</b>	<b>DO YOU PROVIDE SUPPORT FOR THIS PERSON?</b>
		<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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**Financial Information**

▶ATTACH A COPY OF YOUR 2021 OR 2022 FEDERAL INCOME TAX RETURN

▶ATTACH COPIES OF ALL INCOME VOUCHERS FOR THE PAST 30 DAYS

▶WHAT IS YOUR ESTIMATED 2023 INCOME BEFORE TAXES: \$

▶ HOW MANY PAYCHECKS DO YOU RECEIVE IN A YEAR?

EMPLOYMENT \$	DISABILITY \$	INVESTMENT / TRUST \$	ALIMONY \$
CHILD SUPPORT \$	ADOPTION SUBSIDY \$	RENTAL / BOARDER \$	INTEREST \$

TOTAL MONTHLY INCOME AFTER TAXES: \$

**MONTHLY EXPENSES**

<b>HOUSING:</b>	MORTGAGE \$	RENT \$	PROPERTY TAXES \$
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Do you pay your housing expenses to a relative?  YES  NO

If yes, how are you related?

<b>LIVING EXPENSES:</b>	FOOD \$	CLOTHING \$	ENTERTAINMENT \$
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<b>UTILITIES:</b>	GAS \$	ELECTRIC \$	PHONE \$	CABLE \$
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<b>TRANSPORTATION:</b>	CAR PAYMENT \$	GAS / CAR SERVICE \$	PUBLIC TRANSIT \$
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<b>HEALTH CARE:</b>	HEALTH INSURANCE \$	MEDICAL EXPENSES \$	DENTAL EXPENSES \$
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<b>DEBT PAYMENT:</b>	CREDIT CARD \$	LOANS \$
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<b>CHILD CARE:</b>	BEFORE SCHOOL \$	AFTER SCHOOL \$	DAY CARE \$
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<b>SCHOOL:</b>	TUITION / FEES - CHILDREN \$	TUITION / FEES - PARENTS \$
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TOTAL MONTHLY EXPENSES: \$



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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 this final page of the application form prior to submitting the form.

Mail your completed application and required documentation to arrive ***no later than*** July 10, 2023 to the below address:

**Counseling Center of the North Shore  
Attn: Child Care Financial Assistance Program  
992½ Green Bay Rd  
Winnetka, IL 60093**