



Financial Assistance Application

Confidential Family Needs Assessment



_____ Gender: Male Female
Full Name of Child

Total Number of People in Household: _____ **Birthday:** _____

Total Annual Income of Family (check one)

- _____ \$0 - \$17,000
- _____ \$17,000 - \$23,000
- _____ \$23,000 - \$29,000
- _____ \$29,000 - \$36,000
- _____ \$36,000 - \$42,000
- _____ \$42,000 - \$48,000
- _____ \$48,000 or more

Medical Card Number (if applicable) _____

Please check any of the following that apply to your child or family:

- ___ Child was of low birth weight (5.5lbs or less) Weight at birth _____
- ___ Child was born premature (36 weeks or less) Weeks premature _____
- ___ Child has parents whose primary language is not English. Language spoken at home _____
- ___ Child has a parent that was a teenager when first child was born.
- ___ Family has moved more than 2 times in the last year
- ___ Child has parent or sibling with serious illness or disability. Explain:

- ___ Child is in foster care
- ___ Child is one of a multiple at birth ___twins ___triplets ___ Other _____
- ___ Child has a sibling that qualifies for free/reduced lunch in the elementary school
- ___ Child was referred by LEASE preschool screening team

Please give a brief explanation of your situation and need for financial assistance:
(Use the back if needed)

What Dollar amount is your family able to contribute towards monthly tuition? _____

_____ **Signature of Parent or Guardian** _____ **Date** _____

Please note: In order to be considered for Financial Assistance, you must submit your most recent Income Tax Returns (for both custodial parents) to the office with this Financial Assistance form.