



Supplementary Financial Assistance Form

Mother's name

Father's name

Address

Home phone

Cell phone

Child's name

Date of birth

Days attending preschool

Programs attending – check all that apply

AM Extended Hours: 8:00 AM – 9:00 AM

Pre-Primary: 9:00 AM – 3:00 PM

Primary: 9:00 AM – 3:00 PM

Kindergarten: 9:00 AM – 3:00 PM

Please answer all of the following questions.

1. Does your family receive any financial support from relatives or other sources? (Include support for educational trips, camps, etc., as well as basic daily needs.)

Y **N** Amount annually: \$

Explanation

2. Do you provide financial support for any relatives? (Include live-in grandparents and relatives overseas)

Y **N** Amount annually: \$

Explanation

3. If your children are all of school age and **both** parents are **not** fully employed, please explain why.

4. Has your income increased or decreased significantly from last year?

Y N

Explanation

Annual Income

Please itemize all income including salary, bonuses, dividends, interest, rent, etc.

Income Source	Annual Amount
---------------	---------------

Total Annual Income: \$

Annual Expenses

Federal Taxes	State / Local Taxes
Real Estate Taxes	Social Security
Mortgage (P.I.)	Rent
Child Care	Health Care
Utilities	Personal Care
Camps / Recreation	Vacations
Loan / Debt Payment (exclude credit card payments)	

Total Annual Expenses: \$

Monthly Expenses

Savings / Investments	Retirement Funds
Contributions / Donations	Child / Parent Support
Job Related Expenses	Education
Food	Meals Away From Home
Health (other than insurance)	Auto Operation / Maintenance
Home Improvement / Maintenance	Clothing
Gifts	

Total Monthly Expenses: \$

How much money are you able to contribute towards your child’s tuition each month?: \$

Please use this section to explain any unusual circumstances: (Or attach a typed letter of explanation).

Father's Signature

Date

Email

Mother's Signature

Date

Email

Tax Returns: Please attach your most up-to-date tax returns.

Thank you for taking time to fill out this application form completely. The information contained will be kept confidential. Please return this completed form to:

Childtowne Montessori School, 1380 Bristol Road, Churchville, PA 18966

If you prefer, you may submit this form
via email to:

courtney@childtowne.org

Use the button to easily submit your
completed form. Thank you.