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FINANCIAL ASSISTANCE APPLICATION

Wonders Child Care Center, Inc. is dedicated to a policy of non-discrimination on any basis including gender, race, religion, national origin, family structure, marital status, sexual orientation, and/or physical or mental handicap.

Our Financial Assistance Program is set-up to provide reduced tuition, either short term or long term, to eligible families in our programs. The Wonders Financial Assistance Program is fundamental to who we are as a child care organization and community. We strive to make our programs accessible to as many families as possible. Financial assistance is a reduction in monthly tuition based on qualified family income and expenses. The amount of tuition reduction is subject to review and modification by Wonders should there be a substantial change in the financial circumstances of a Financial Assistance recipient during the school year.

First time applicants must submit:

- Registration fee and application fee equal to 50% of the standard enrollment fees for the program for which you are applying.
- A deposit of 50% of the standard deposit for the program for which you are applying.
- If you receive a reduction in tuition, you may be required to increase your deposit to equal one month's adjusted tuition.

Re-applying applicants must submit:

- A registration fee equal to 50% of the standard registration fee (school age programs only).

Your Name _____
School Year for which you are applying _____ Today's Date ____/____/____
First time applicant? _____

CHILDREN FOR WHOM FINANCIAL ASSISTANCE IS REQUESTED

- 1) Child's Name _____ Date of Birth _____
Site _____ Program _____ Days _____
- 2) Child's Name _____ Date of Birth _____
Site _____ Program _____ Days _____
- 3) Child's Name _____ Date of Birth _____
Site _____ Program _____ Days _____

DIRECTIONS

- 1) Complete all sections on pages 1, 2 and 3 of this application.
- 2) Include photocopies of all required documentation listed on page 4.
- 3) Sign the application on page 4.
- 4) Return the application to the Financial Assistance Program Coordinator.
Call the Financial Assistance Program Coordinator, 301-654-5339, for information and/or help with this form.

This application will be confidentially reviewed by the Financial Assistance Committee. The Committee Coordinator will contact you once a decision has been made. If tuition assistance is offered, you must sign the financial assistance agreement. This agreement is an addendum to the Wonders Enrollment Agreement. Financial Assistance applicants are responsible for all tuition and fees while the application is being processed and until the Financial Assistance Agreement is signed and returned to Wonders. Financial Assistance is granted for the current program year only. Families must re-apply annually.

PARENT/GUARDIAN INFORMATION

<u>Parent /Guardian #1</u>	<u>Parent /Guardian #2</u>
Name _____	Name _____
Address _____	Address _____
_____	_____
Marital status _____ (single, married, separated, divorced, widowed, domestic partner)	Marital status _____ (single, married, separated, divorced, widowed, domestic partner)
Email _____	Email _____
Home phone _____	Home phone _____
Cell phone _____	Cell phone _____
Work phone _____	Work phone _____
Employer's name _____	Employer's name _____
Employer's address _____	Employer's address _____
_____	_____
Job Title _____	Job Title _____
Are you a student? _____	Are you a student? _____
Where? _____	Where? _____

Father _____	Mother _____	Child Lives with Stepfather _____	Stepmother _____	Guardian _____
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OTHER DEPENDENTS

1) Age: _____ Relationship to you _____

2) Age: _____ Relationship to you _____

3) Age: _____ Relationship to you _____

OTHER ADULT MEMBERS OF YOUR HOUSEHOLD

1) Age _____ Relationship to you _____ Monthly contribution to Household \$ _____

2) Age _____ Relationship to you _____ Monthly contribution to Household \$ _____

FINANCIAL INFORMATION

<p><u>Parent /Guardian #1</u></p> <p>\$ _____ <i>Gross ANNUAL earnings</i></p> <p style="text-align: center;">MONTHLY INCOME</p> <p>\$ _____ Gross Monthly Salary</p> <p>\$ _____ Unemployment (expiration date __/__/____)</p> <p>\$ _____ Food Stamps</p> <p>\$ _____ Welfare</p> <p>\$ _____ Child Care Subsidy Vouchers</p> <p>\$ _____ Aid to Dependent Children</p> <p>\$ _____ Alimony</p> <p>\$ _____ Child Support</p> <p>\$ _____ Social Security</p> <p>\$ _____ Pension</p> <p>\$ _____ Trusts</p> <p>\$ _____ Investments</p> <p>\$ _____ Other (Please describe in cover letter. Include support and donations from other family members)</p> <p>\$ _____ TOTAL MONTHLY INCOME</p>	<p style="text-align: center;"><u>Parent/Guardian #2</u></p> <p>\$ _____ <i>Gross ANNUAL earnings</i></p> <p style="text-align: center;">MONTHLY INCOME</p> <p>\$ _____ Gross Monthly Salary</p> <p>\$ _____ Unemployment (expiration date __/__/____)</p> <p>\$ _____ Food Stamps</p> <p>\$ _____ Welfare</p> <p>\$ _____ Child Care Subsidy Vouchers</p> <p>\$ _____ Aid to Dependent Children</p> <p>\$ _____ Alimony</p> <p>\$ _____ Child Support</p> <p>\$ _____ Social Security</p> <p>\$ _____ Pension</p> <p>\$ _____ Trusts</p> <p>\$ _____ Investments</p> <p>\$ _____ Other (Please describe in cover letter. Include support and donations from other family members)</p> <p>\$ _____ TOTAL MONTHLY INCOME</p>
<p><u>Parent/Guardian #1</u></p> <p style="text-align: center;">MONTHLY EXPENSES</p> <p>\$ _____ Mortgage or Rent</p> <p>\$ _____ Second Mortgage</p> <p>\$ _____ Total all Utilities</p> <p>\$ _____ Total all Telephones</p> <p>\$ _____ Total all Credit Cards</p> <p>\$ _____ Car Payment</p> <p>\$ _____ Car Insurance + Maintenance</p> <p>\$ _____ Transportation + Parking</p> <p>\$ _____ Life Insurance</p> <p>\$ _____ Student Loan</p> <p>\$ _____ Other Loans</p> <p>\$ _____ Child Care expenses</p> <p>\$ _____ Medical Insurance</p> <p>\$ _____ Out of pocket medical/dental</p> <p>\$ _____ Other expenses (Please describe in cover letter)</p> <p>\$ _____ TOTAL MONTHLY EXPENSES</p>	<p style="text-align: center;"><u>Parent/Guardian #2</u></p> <p style="text-align: center;">MONTHLY EXPENSES <i>if different from Parent/Guardian #1</i></p> <p>\$ _____ Mortgage or Rent</p> <p>\$ _____ Second Mortgage</p> <p>\$ _____ Total all Utilities</p> <p>\$ _____ Total all Telephones</p> <p>\$ _____ Total all Credit Cards</p> <p>\$ _____ Car Payment</p> <p>\$ _____ Car Insurance + Maintenance</p> <p>\$ _____ Transportation + Parking</p> <p>\$ _____ Life Insurance</p> <p>\$ _____ Student Loan</p> <p>\$ _____ Other Loans</p> <p>\$ _____ Child Care expenses</p> <p>\$ _____ Medical Insurance</p> <p>\$ _____ Out of pocket medical/dental: (Please describe in cover letter)</p> <p>\$ _____ TOTAL MONTHLY EXPENSES</p>

How much do you believe you can afford for Wonders Child Care tuition?
 \$ _____ per month

DOCUMENTATION CHECK LIST

Please submit photo copies of the following documents. Use this list to verify inclusion of all applicable bills.
**** Incomplete documentation will delay or negate review by the Committee**.**

Most recent Tax Return	W2 form
2 current bank statements, which include deposits and withdrawals	2 current pay stubs for each working adult in the household
Unemployment statement, if applicable	Mortgage and second mortgage bill (if applicable) or Rent statement
Custody and financial settlement agreement	All current credit card bills
Car payment bill	All current utility bills electric gas water
Car insurance bill	All current telephone bills home cell other
Parent tuition bill	Student loan statement
Any other loan statements	Internet access fees bill
Any other claimed expenses (specify)	Medical Insurance bill
Life insurance bill	Child Care bills for children not in Wonders current year upcoming year
Cover Letter. Please describe any other circumstances you want the Financial Assistance Committee to be aware of, such as irregular income or unusual expenses.	

Please describe any other circumstances which you would like the Financial Assistance Committee to be aware of, such as an explanation of irregular income or unusual expenses, or a significant change in income from previous years. You may use addition paper if you wish.

NOTE: You must pay tuition while your application is under review. Applicants with past due accounts will not be considered for financial assistance. After receiving notice of tuition reduction, you are expected to make a payment on your account every month, no later than the 10th of the month. Failure to make regular payments will result in your losing your tuition assistance.

DISCLOSURE

I/we have read and understand this Financial Assistance Application. The information and documentation is complete and accurate. We further authorize the Wonders Financial Assistance Committee to make inquiries of, and obtain copies of, any documents or other materials relevant to our financial circumstances, any employers, financial institutions with which we do business, and other appropriate sources. We understand that Wonders will treat these materials on a confidential basis.

 Parent /Guardian #1 signature & date Parent/Guardian #2 signature & date

FOR FINANCIAL ASSISTANCE COMMITTEE USE ONLY

Application received _____ Committee Review ___/___/___ by _____

Deposit amount \$ _____

Monthly Tuition \$ _____ Monthly Reduction \$ _____ (_____%)

Begins ___/___/___ Ends ___/___/___

Adjusted Monthly Tuition (Copay) \$ _____