



## 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: 7:00 – 9:00

Morning Program: 9:00 – 12:00

Lunch Program: 12:00 – 1:00

PM Program: 1:00 – 3:00

PM Extended Hours: 3:00 – 6:00

**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
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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:

**[info@childtowne.org](mailto:info@childtowne.org)**

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