



NEW TRIER TOWNSHIP

**CHILD CARE FINANCIAL ASSISTANCE
Before/After School Program-Application for 2020**

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 – Before/After School Program Application
- 2018 or 2019 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)
- Verification of Child’s Enrollment in Program

NOTE: Child must be enrolled prior to submission of scholarship application.

- Total Program Cost

Applicant must provide photocopies of all required documents.
Please do not submit original documents.

DEADLINE:
Friday,
August 7th,
2020

IF ADDITIONAL INFORMATION IS REQUIRED YOU WILL BE CONTACTED

Mail your completed application and required documentation to the address below.
Paper submissions are preferred.

New Trier Township
Attn: Child Care Financial Assistance Program
739 Elm St
Winnetka, IL 60093



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Applicant Information

MOTHER'S FULL NAME

FATHER'S 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

FATHER: 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

MOTHER: 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



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Children

LIST ALL CHILDREN IN YOUR HOUSEHOLD INCLUDING ANY NOT NEEDING PROGRAM ASSISTANCE

CHILD #1 – FULL NAME		AGE	GRADE
▶ <i>FILL IN THE FOLLOWING INFORMATION ONLY 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
<p>What is the total cost of this program for the <u>entire</u> 2020-21 school year? \$ _____</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> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</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> If yes, please indicate the amount of financial assistance you received. \$ _____</p>			

CHILD #2 – FULL NAME		AGE	GRADE
▶ <i>FILL IN THE FOLLOWING INFORMATION ONLY 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
<p>What is the total cost of this program for the <u>entire</u> 2020-21 school year? \$ _____</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> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</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> If yes, please indicate the amount of financial assistance you received. \$ _____</p>			



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CHILD #3 – FULL NAME		AGE	GRADE
▶ <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
<p>What is the total cost of this program for the <u>entire</u> 2020-21 school year? \$ _____</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> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</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> If yes, please indicate the amount of financial assistance you received. \$ _____</p>			

CHILD #4 – FULL NAME		AGE	GRADE
▶ <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
<p>What is the total cost of this program for the <u>entire</u> 2020-21 school year? \$ _____</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> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</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> If yes, please indicate the amount of financial assistance you received. \$ _____</p>			



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CHILD #5 – FULL NAME		AGE	GRADE
▶ <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
<p>What is the total cost of this program for the <u>entire</u> 2020-21 school year? \$ _____</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> If yes, have you received confirmation of acceptance for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO</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> If yes, please indicate the amount of financial assistance you received. \$ _____</p>			

Other Dependents		
LIST ALL OTHER PERSONS LIVING IN YOUR HOME		
NAME OF DEPENDENT	RELATIONSHIP	DO YOU PROVIDE SUPPORT FOR THIS PERSON?
		<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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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

Mail your completed application and required documentation to arrive ***no later than*** Friday, August 7, 2020 to:

**New Trier Township
Attn: Child Care Financial Assistance Program
739 Elm St
Winnetka, IL 60093**

