

TUITION SUBSIDY APPLICATION

Mountain View

Application requires proof of residency and income level to qualify for a tuition scholarship at Learning Links preschool.					
PRIMARY PARENT					
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
Date:					
Primary Parent Name:					
Current Address:				Apartment/Unit:	
City:		State:		Zip Code:	
Home Phone:		Cell:		Work:	
Email:		Language:		Ethnicity:	
Family Size (include parents & children):					
SECONDARY PARENT <input type="checkbox"/> Not living in the home					
Secondary Parent Name:					
Current Address:				Apartment/Unit:	
City:		State:		Zip Code:	
Home Phone:		Cell:		Work:	
Email:		Language:		Ethnicity:	
FAMILY INFORMATION					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
MONTHLY INCOME: PRIMARY PARENT					
Gross Monthly Income \$ _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income Type: _____
Hours & Wage Hours per week _____ \$ per hour _____					
MONTHLY INCOME: SECONDARY PARENT <input type="checkbox"/> Not living in the home					
Gross Monthly Income \$ _____	Child Support	Cash Aid or Foster Payment	State Disability Insurance (SDI)	Supplemental Security Income (SSI)	Other Income Type: _____
Hours & Wage Hours per week _____ \$ per hour _____					

For Subsidized Child Care at Mountain View Community Child Care
 260 Escuela Ave, Mountain View, CA 94040 – P (650) 938-2252

CHILD 1

Name:	
School:	School District:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD 2

Name:	
School:	School District:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD 3

Name:	
School:	School District:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Special Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List CHILDREN that DO NOT NEED CARE

Name:	DOB:
Name:	DOB:
Name:	DOB:

PROOF OF INCOME & RESIDENCE QUALIFYING DOCUMENTS

- * Please attach appropriate qualifying documents for HOUSEHOLD MONTHLY INCOME and PROOF of RESIDENCE annually.
- * Please Note: Scholarships will only be made available to residents of Mountain View.
- * Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for tuition. If your income status is to change, please notify us and we will adjust your tuition assistance accordingly.
- * Check the box below for documents attached.

HOUSEHOLD MONTHLY INCOME DOCUMENTS

- Current federal tax return. (required)
- Two of the most recent pay stubs from primary and secondary adults (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income (required)
- AFDC and SSI recipients include a copy of disbursement voucher
- Details and amounts of income or assistance you currently receive for:

Unemployment: \$ _____	Social Security (SSi): \$ _____	Disability: \$ _____
Child Support/alimony: \$ _____	Pension/retirement: \$ _____	Other: \$ _____

For Subsidized Child Care at Mountain View Community Child Care
260 Escuela Ave, Mountain View, CA 94040 – P (650) 938-2252

STATEMENT OF RESIDENCE

1. Parent/Legal Guardian one picture ID from the following list:
 - Current State Driver's License
 - Current State ID Card
 - Valid US Passport, Consulate issued picture ID or Military ID
 - US Voter Registration Card
2. One of the following ORIGINAL documents with parent/guardian's name and address (showing the Mountain View address). Utility bills or phone bills will not be accepted:
 - Current valid Vehicle Registration
 - State of Federal Tax Return filed within the past 12 months with W-2 form attached (Business returns do not meet residence requirements)
 - Current bank statement issued within the last 35 days
3. One of the following ORIGINAL documents with parent/guardian's name and address (showing the Mountain View address).
 - Current property tax bill with parent/guardian's name and address
 - Current Lease-Rental agreement on company printed forms which include parent/guardian's name; student's name; manager or owner's name and phone number

Please read the following information carefully before initialing each paragraph and signing below.

If the parent/guardian moves to an address outside of the City of Mountain View, the child will be withdrawn from the school within two weeks or will begin to pay full tuition. _____ Initial

Learning Links Preschool is authorized to confirm the authenticity of any documents provided when it has reason to believe false information has been provided, including an unscheduled home visit. _____ Initial

Investigations that reveal a family has accepted a scholarship on the basis of providing false residence information will lead to the immediate withdrawal of the child from Learning Links Preschool. _____ Initial

ACKNOWLEDGEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to receive a tuition subsidy. I understand I am subject to the rules and regulations of the Mountain View Learning Links Preschool.

Signature _____

Date _____

Your signature indicates that you understand the policies and procedures of the Mountain View Learning Links Tuition Subsidy program.

For Office Use

Received Date: _____

Waitlist: Yes No

Signature of Staff: _____