

Mt. Lebanon Extended Day Program
 250 Mt. Lebanon Blvd. Suite 414
 Pittsburgh, PA 15234
 Phone: 412-343-1661

PLEASE COMPLETE THE ENTIRE FORM AND PROVIDE THE REQUESTED DOCUMENTATION
Parents must reapply each year, for each program enrollment

I/we are requesting Tuition Assistance for the following childcare program.
 Please Check: _____ School-year Program _____ Kindergarten Care _____ Summer Fun

Date of Application: _____

Child/Children's Name/s: _____

Parent/Guardian Name/s: _____

Address (House #, Street, City, State): _____

Email Address: _____

Phone Number: _____

Child's Schedule for MLEDP – Check the program and the days of the week that your child will be attending MLEDP.

Program: School-year Kindergarten Care Summer Fun

Days of the Week: Monday Tuesday Wednesday Thursday Friday

Family Composition (include all immediate family members living together)

NAME	RELATIONSHIP	AGE/S FOR CHILDREN LISTED

Father's Occupation: _____ Employed By _____
 Daytime Phone # _____

Mother's Occupation: _____ Employed By _____
 Daytime Phone # _____

Total Gross Household Income: _____

List all sources of income including wages, salary, commissions, rental income, interest/dividend income, child support, pension, social security, welfare benefits, veteran's benefits, etc. **Provide documentation with this application. Please attach a copy of your last tax form and verification of current salary, i.e. pay stub.** This application will not be processed without this supporting documentation.

SOURCE	AMOUNT	FREQUENCY (monthly, weekly, annually)
SOURCE	AMOUNT	FREQUENCY (weekly, monthly, annually)

Total Family Income for last 12 months: _____

NOTES:

1. Use the space below to describe/list any special circumstances relevant to your situation, such as medical costs, child and/or parent support, child care costs, etc. which would help us evaluation your situation.
2. If your income situation changes, please notify us. **Parents must reapply each year for each program enrollment**
3. All information regarding tuition assistance requests will be kept in strict confidence.
4. Families who qualify for and receive Child Care Assistance from ELRC are not eligible for Mt. Lebanon Extended Day Program Tuition Assistance.

Father's Signature: _____

Mother's Signature: _____

Special Circumstances:

Office Use Only _____ % Tuition Assistance
 _____ Date
 _____ Initials