

REDUCED RATE APPLICATION

2026-2027

Name of School: _____

Child's Name: _____

REDUCED RATE GUIDELINES:

1. All parents must apply for the ABC voucher program before applying for a reduced rate scholarship with the Office of Expanded Learning. Please inquire with your child's school Site Coordinator for additional details.
2. Reduced rates are only granted to students who attend on a full time basis.
3. Reduced rates are granted for the school year only, and are only partial amount of the weekly fee.
4. Reduced rates can be revoked from students/parents if they do not abide by the rules and policies established by the afterschool program.

PARENT INFORMATION:

Full Name : _____

Phone Number : _____ Date Of Birth :
M M D D Y Y

Address : _____

Family Composition : ☐ Single Parent ☐ Two Parent ☐ Guardian Gender ☐ Male ☐ Female

E-Mail : _____

HOUSEHOLD INFORMATION:

Please tell us who lives in your house. List your name on the first line.

Last Name	First Name	Middle Initial	Sex	Date of Birth	How is this person related to you?

INCOME INFORMATION:

- Fill in the amount of money you make. Enter **GROSS** pay, not take home.
- If you are married you must also fill in the amount your spouse makes.
- If you are not married, but living with your child(ren)'s other parent, you must provide the information of the other parent
- Enter zero (0) if your spouse has no earned income.

Your work information		Spouse or other parent work information	
How much do you earn? \$ _____	How often are you paid? Check one. ___ Weekly ___ Monthly ___ Yearly	How much do you earn? \$ _____	How often are you paid? Check one. ___ Weekly ___ Monthly ___ Yearly
How many hours do you work each week?		How many hours do you work each week?	
Name of Employer:		Name of Employer:	
Street Address of Employer:		Street Address of Employer:	
City, State, Zip Code:		City, State, Zip Code:	
Name of contact person at work:		Name of contact person at work:	
Contact person's phone number:		Contact person's phone number:	

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APPLICATION FORM

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ADDITIONAL INCOME INFORMATION:

List any additional income you or your family members living with you may have from other sources listed below, and tell us how often you get this income (for example- once each week, every 2 months, once a year, etc.). IF you have no additional income, please indicate "none".

Income Source	Amount	How Often	Who gets money?
Family Independence Stipend	\$		
Alimony	\$		
Child Support	\$		
Social Security	\$		
Unemployment	\$		
Disability Income	\$		
Workman's Compensation	\$		
Veteran's Pension	\$		
Other	\$		
Total income from all sources:	\$		

SUPPORTING DOCUMENTATION

Attach proof of your income and your spouse's or child's second parent income. Submit previous year's W2 or two most recent pay stubs. If you are self-employed or work via 1099, you MUST submit your previous year's tax return. If you are not working because of a disability, please submit an award letter.

I certify that all the information provided is true and current. I understand that program officials may verify the information and that deliberate misrepresentation will automatically result in denial of this application. I further understand that upon approval for this program I may be assessed a fee and be responsible for partial payment of fees to the program (if not awarded a full scholarship). If payment of any assessed fees is not made on time, I understand that this scholarship will be revoked.

Signature of Parent: _____

Date: _____

TO BE COMPLETED BY KALEIDOSCOPE STAFF:

Category of Rate (Notes):	Category of Rate: ☐ Regular Rate ☐ Level 2 ☐ Level 3	Start Date:	Comments:
Director's Signature: _____ Date: _____			