\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_**Male** \_\_\_\_\_\_**Female**

**Full Name of Child**

**Total Number of People in Household:** **\_\_\_\_\_\_\_\_ Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Annual Income of Family** (check one)

\_\_\_\_\_$0 - $17,000

\_\_\_\_\_17,000 - $23,000

\_\_\_\_\_23,000 - $29,000

\_\_\_\_\_$29,000 - $36,000

\_\_\_\_\_$36,000 - $42,000

\_\_\_\_\_$42,000 - $48,000

\_\_\_\_\_$48,000 or more

**Medical Card Number** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check any of the following that apply to your child or family:**

\_\_\_Child was of low birth weight (5.5lbs or less) Weight at birth\_\_\_\_\_\_\_\_

\_\_\_Child was born premature (36 weeks or less) Weeks premature \_\_\_\_\_\_\_\_

\_\_\_Child has parents whose primary language is not English. Language spoken at home \_\_\_\_\_\_

\_\_\_Child has a parent that was a teenager when the first child was born.

\_\_\_Family has moved more than 2 times in the last year

\_\_\_Child has parent or sibling with serious illness or disability. Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Child is in foster care

\_\_\_Child is one of a multiple at birth \_\_\_twins \_\_\_triplets \_\_\_ Other\_\_\_\_\_

\_\_\_Child has a sibling that qualifies for free/reduced lunch in the elementary school

\_\_\_Child was referred by LEASE preschool screening team

**Please give a brief explanation of your situation and need for financial assistance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What dollar amount is your family able to contribute towards monthly tuition? \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian** **Date**