FIRST UNITED METHODIST CHURCH

APPLICATION FOR REDUCED TUITION
KIDS FIRST PRESCHOOL & DISCOVERY DAY PROGRAM

Child attends Kids First or Discovery Day (Circle One) for the following sessions each week:

Mornings on: Mon. [ ] Tues. [ ] Wed. [ ] Thurs. [ ] Fri. [ ]

Afternoons on: Mon. [ ] Tues. [ ] Wed. [ ] Thurs. [ ] Fri. [ ]

Child's Name: _____

Address: _____
Street City State ZIP

Mother's Name: _____

Mother's Address, if different from above: _____

Mother's Phone No.: _____

Father's Name: _____

Father's Address, if different from above: _____

Father's Phone No.: _____

List all Household Members (including yourself):

Name	**Birth Date**

Do any children in your family participate in the free or reduced school lunch program in the School District?

Yes [ ] No [ ]

Employment Income Status

List all members of the child's family over the age of 18 who receive income from employment (including self employment and farm income). Please list gross income (amount of pay before deductions). Note: Attach a photocopy of the last two paycheck stubs for each wage earner.

Person Employed	Relationship to Child	Name of Employer	Gross Pay
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
_____	_____	_____	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly

Non-employment Income	Gross Pay
Alimony	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Child Support	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Veteran's Pension	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Social Security Payment	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Public Assistance Income	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Pension/Retirement Benefits	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Unemployment Compensation	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Workman's Compensation	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Dividends & Interest	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Income from Estates/Trusts	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Net Rental & Royalty Income	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Annuity/Insurance Income	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly
Other Income. Stipends, or Support	$_____ [ ]Weekly [ ]Bi-Weekly [ ] Monthly

Please indicate any other information or special circumstances regarding your need for tuition reduction, e.g. health issues, parent attending school, more than one child attending preschool/daycare program, unemployment, etc.

_____

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I certify that all of the information in this form is correct to the best of my knowledge:

Signature of Applicant: _____ Date:_____

Print Name of Applicant: _____ Phone Number: _____

This application may be submitted to the Kids First Preschool Director, the Discovery Day Director, or directly to First United Methodist Church, 946 Vermont Street, Lawrence, KS 66044. The Church Endowment, Memorials and Scholarship Committee is responsible for reviewing applications and awarding tuition assistance consistent with church policies, guidelines, and budget resources.

Approved January 2008