KENDALLVILLE DAY CARE CENTER, INC.
SLIDING FEE SCALE FORM   Rev. 7/14

Family Information		**Today's Date**	
First Name	Last Name	Other Names	
Home Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Date of Birth	Social Security # XXX-XX-_____		
Marital Status	Single	Married	Divorced
In a Relationship	Separated	Widowed	

Household Size

Name	Date of Birth	Social Security #
		XXX-XX-
		XXX-XX-
		XXX-XX-
		XXX-XX-
		XXX-XX-
		XXX-XX
		XXX-XX
		XXX-XX

Household Income   *Provide Documentation

Name	Amount	Frequency (Circle One)			Employer
You	*	Weekly	Monthly	Yearly	
Spouse	*	Weekly	Monthly	Yearly	
Children	*	Weekly	Monthly	Yearly	
Other	*	Weekly	Monthly	Yearly	
	*	Weekly	Monthly	Yearly	
Total	$	Weekly	Monthly	Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security*					
Public Assistance*					
Retirement Pension*					
Food Stamps*					
Child Support/Alimony*					
Interest Income*					
Other*					
*Provide Documentation			**Total**		$

I do hereby swear or affirm that the information on this application is true and correct to the best of my knowledge and belief; I agree that any misleading information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Kendallville Day Care Center, Inc. if there is a significant change in my income. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Kendallville Day Care Center, Inc. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Name (Print) _____

Signature: _____