



## Catskill Community Center Reduced Program Fee Application

To apply for a reduced fee for one of the Catskill Community Center's programs, all questions on both sides must be completed. **Please attach a copy of your most current W2 form (IRS Wage statement) for each employee listed.** If you need help completing this form, please call (518) 719.8244 to speak to Kellie Darling, the CCC's Director.

Student(s) Name(s): \_\_\_\_\_

First Name

Last Name

Address of Custodial Parent: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Applying for a Reduction for (must check all that apply:)

\_\_\_\_\_ Summer Rec Registration Fee (\$25)

\_\_\_\_\_ Summer Fun Registration Fee (\$15)

\_\_\_\_\_ Summer Fun Tuition (\$150 per child) \_\_\_\_\_ Number of Children

\_\_\_\_\_ After School Tuition (\$800 per child) \_\_\_\_\_ Number of Children

### PARENT /GUARDIAN EMPLOYMENT INFORMATION:

Mother/Guardian (Name): \_\_\_\_\_

Employed by \_\_\_\_\_

How long: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Name & Phone # of Business Manager: \_\_\_\_\_

Present position: \_\_\_\_\_

Gross yearly salary (before deductions) \_\_\_\_\_

Do you own or are you a partner in this business? \_\_\_\_\_

Do you own or rent your home? (Circle one) **Own** **Rent**

COMMENTS: \_\_\_\_\_

Father/Guardian (Name): \_\_\_\_\_

Employed by \_\_\_\_\_

How long: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Name & Phone # of Business Manager: \_\_\_\_\_

Present position: \_\_\_\_\_

Gross yearly salary (before deductions): \_\_\_\_\_

Do you own or are you a partner in this business? \_\_\_\_\_

**OVER**

Do you own or rent your home? (Circle one)    **Own**                      **Rent**

Comments: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Phone Number during business hours: \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ #Adults \_\_\_\_\_ #Children \_\_\_\_\_

In addition to salaries listed on page one, indicate the amount and how often amount is received (weekly, monthly, etc) for each person in household per the following:

Child Support \_\_\_\_\_ Public Assistance \_\_\_\_\_

Alimony \_\_\_\_\_ SSI \_\_\_\_\_

Pension/Retirement Income \_\_\_\_\_ Social Security \_\_\_\_\_

Other \_\_\_\_\_

Is there a family member who will contribute to program fees? \_\_\_\_\_ If so, please provide details:

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

Other Sources of Income                                      Bank                                      Account Information

Checking Account                      \_\_\_\_\_                      \_\_\_\_\_

Savings Account                      \_\_\_\_\_                      \_\_\_\_\_

Trust Fund                      \_\_\_\_\_                      \_\_\_\_\_

Brokerage Account                      \_\_\_\_\_                      \_\_\_\_\_

Name, Year and Model of car (#1) \_\_\_\_\_

Name, Year and Model of car (#2) \_\_\_\_\_

**Amount you feel you can pay: (Must NOT be left blank or application will be considered incomplete) \$ \_\_\_\_\_**

Please use the space below to explain any special circumstances or expenses you would like us to consider. If more space is needed please attach a separate sheet.

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

**NOTE: Please attach a copy of your most current W2 form (IRS Wage statement) for each employee listed or your application will be considered incomplete.**