



Catskill Community Center
Reduced Program Fee Application (2011-2012)

To apply for a reduced fee for one of the Catskill Community Center's programs, **all** questions on **both pages** must be completed. **Please attach a copy of your most recent 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**

Name of Custodial Parent: _____

Address of Custodial Parent: _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

Applying for a reduction for (must check all that apply):

_____ **After School Tuition (\$1,000 per school year per child).** _____ **Number of Children**

_____ **Summer Fun Registration Fee (\$15 per child, \$30 max).** _____ **Number of Children**

_____ **Summer Fun Tuition (\$240 per child).** _____ **Number of Children**

_____ **Summer Rec Registration Fee (\$25 per child, \$50 max)** _____ **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? _____

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

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 Info.
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Checking Account	_____	_____
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Savings Account	_____	_____
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Trust Fund	_____	_____
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Brokerage Account	_____	_____
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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.

Name of Person completing this form: _____

I certify that the information provided is true and accurate to the best of my knowledge:

Signature _____ **Date** _____

Phone Number during business hours: _____

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