

Cooperative Nursery School of Almonte, Inc

Subsidy Application Form

-CONFIDENTIAL-

Part A

Parent/Guardian Name(s): _____

Address: _____

Telephone: Home _____

Work _____

E-mail _____

Child's Name _____

Child's Age _____

Please attach proof of your household income in the form of last year's Notices of Assessment for both parents (as applicable) and/or three recent pay stubs/EI stubs.

Part B:

Program Requested: Mon/Wed

Tues/Thurs

Fri

Assistance requested: (e.g. 25%, 40%, 75%)

Are you currently receiving any social assistance?

If yes, please specify:

Parent/Guardian's Employer: _____

Annual Gross Income: \$ _____

Spouse's Employer: _____

Annual Gross Income: \$ _____

Monthly Fixed Expenses: (loans, mortgages, rent)

Please outline the reason(s) that you believe financial assistance is necessary:

Does your family receive subsidies from other clubs or sponsors? If yes, please specify:

Do you have other children? If yes, please specify their age(s):

ABSENCE POLICY: Students receiving a subsidy must not be absent for more than **one day a month**, unless the absences are due to illness. If a student is absent for more than three days in one month due to illness, a doctor's note may be required. A subsidy may be revoked if a student is frequently absent without cause. This decision will be made by the President, Vice President and Treasurer.

Please indicate that you have read and accept this policy by initialling below:

Initial _____

Executive Approval:

President:

Vice-President:

Date forwarded to Treasurer: