

Boys & Girls Club of Zionsville
 1575 Mulberry Street
 Zionsville, IN 46077
 317*873*6670

APPLICATION FOR REDUCED FEES

Each application will be reviewed and evaluated on an individual basis

<u>Child's Name</u>	<u>Grade</u>	<u>Birth date</u>	<u>Male/Female</u>
<u>Child's Name</u>	<u>Grade</u>	<u>Birth date</u>	<u>Male/Female</u>
<u>Child's Name</u>	<u>Grade</u>	<u>Birth date</u>	<u>Male/Female</u>
<u>Home Phone</u>	<u>Cell Phone</u>		
<u>Address</u>			
<u>City</u>		<u>State/Zip</u>	

School: Name / Phone number

Does your child(ren) receive free/reduced lunches at school? Circle one

Child lives with _____

Name of Father/Guardian child lives with Place
 of employment _____

Name of Mother/Guardian child lives with
 Place of employment _____

Do you receive support payments of other additional child care benefits? If yes please explain

Number in household _____

Family income	Up to \$8,999.00	\$9,000.00 to \$12,999.00	_
	"\$13,000.00 to \$19,999.00"	"\$20,000.00 to \$34,999.00	
	"\$ Above \$35,000.00		

I certify that all of the above information is true and verifiable.

 Signature Date Parents/Guardian