



BOYS & GIRLS CLUBS
of Zionsville

APPLICATION FOR REDUCED FEES

Each application will be reviewed and evaluated on an individual basis.

Child's Name: _____	Grade: _____	DOB: ____/____/____	Gender: _____
School: _____		Teacher: _____	
Child's Name: _____	Grade: _____	DOB: ____/____/____	Gender: _____
School: _____		Teacher: _____	
Child's Name: _____	Grade: _____	DOB: ____/____/____	Gender: _____
School: _____		Teacher: _____	

Address: _____	City: _____	State: _____	Zip: _____
Home Phone Number: _____		Cell Phone: _____	
Email: _____			
Child Primarily Lives With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Guardian <input type="checkbox"/> Other
Name of Mother/Guardian Child Lives with: _____			
Place of Employment: _____			
Name of Father/Guardian Child Lives with: _____			
Place of Employment: _____			

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

Does your child receive free or reduced lunches at school? _____ Number in household: _____
Family Income: <input type="checkbox"/> \$25,000 to \$0 <input type="checkbox"/> \$25,001 to \$45,000 <input type="checkbox"/> \$45,001 to \$65,000 <input type="checkbox"/> More than \$65,000

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

Parent/Guardian Signature: _____ Date: _____