



Nihonmachi

LITTLE FRIENDS™

Japanese Bilingual & Multicultural Childcare

AFTER SCHOOL PROGRAM APPLICATION

CHILD'S NAME _____
LAST FIRST DATE OF BIRTH GRADE

CHILD'S NAME _____
LAST FIRST DATE OF BIRTH GRADE

NUMBER OF FAMILY MEMBERS _____

Parent/Guardian's Name _____ Relationship to Child: _____
Address _____

City Zip City Zip
Home Ph.# _____
Cell Ph.# _____

EMPLOYER _____ EMPLOYER _____
ADDRESS _____ ADDRESS _____
POSITION _____ POSITION _____
WK. PH.# _____ WK. PH. # _____

TYPE OF FAMILY: SINGLE-PARENT _____ TWO-PARENT _____
NAME OF SCHOOL CHILD IS/WILL BE ATTENDING _____

DAYS & HOURS PROGRAM SERVICES ARE NEEDED _____

NEED: I am applying for childcare services because _____

In what ways can we serve your child best and/or what do you want your child to obtain from our program? _____

Income resources of family: Report your total monthly gross family income from all sources, if you would like to be considered for a less than maximum fee rate. If you are at the maximum rate, or do not wish to disclose this information, the maximum fee will be charged. \$ _____

I choose to: _____ Participate in at least 6 activities including all mandatory fundraising events and pay according to the sliding fee scale.

_____ Not participate in the minimum 6 activities and pay at the highest rate.

SIGNATURE _____ RELATIONSHIP TO CHILD _____ DATE _____