



Nihonmachi

LITTLE FRIENDS™

Japanese Bilingual & Multicultural Childcare

AFTER SCHOOL PROGRAM APPLICATION

CHILD'S NAME _____
LAST FIRST DATE OF BIRTH GRADE

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LAST FIRST DATE OF BIRTH GRADE

NUMBER OF FAMILY MEMBERS _____

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

City Zip City Zip

Home Ph.# _____ Home Ph.# _____

Cell Ph.# _____ Cell Ph. # _____

Email Address: _____ Email Address: _____

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 the sliding fee schedule. 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