

Marvelous Kidz Learning Center

Financial Assistance Application Form

Thank you for your interest in applying for financial assistance at **Marvelous Kidz Learning Center**. We are committed to making high-quality child care accessible to families in need. Please complete this form in its entirety and attach any required documentation. Incomplete applications may delay processing.

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City, State, ZIP: _____

Employer Name: _____

Employer Phone Number: _____

Household Size (including children): _____

Total Household Income (before taxes): \$ _____ per [] Week [] Month [] Year

Child(ren) Information

Child's Name	Date of Birth	Age	Current Enrollment (Full-Time/Part-Time)
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Financial Assistance Eligibility

Please check any assistance programs you are currently receiving:

- Child Development and Care (CDC) Assistance (State of Michigan)
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- Medicaid

- Temporary Assistance for Needy Families (TANF)
- Free/Reduced Lunch Program
- Other (please specify): _____

Are you currently receiving a child care subsidy from another program?

- Yes No

If yes, please provide details:

Statement of Financial Need

Please briefly describe your current financial situation and why you are requesting assistance. Include any hardships or special circumstances that should be considered.

Required Documentation (Attach Copies)

- Proof of Income (Recent Pay Stubs, Tax Return, or Letter from Employer)
- Proof of Assistance (if applicable, e.g., SNAP or Medicaid approval letter)
- Child's Birth Certificate (if not already on file)

Agreement & Certification

By signing below, I certify that the information provided in this application is **true and accurate** to the best of my knowledge. I understand that providing **false or misleading** information may result in denial or termination of financial assistance.

I also acknowledge that financial assistance is **awarded based on availability** and is subject to periodic review. I agree to notify Marvelous Kidz Learning Center immediately if my financial situation changes.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only (To be completed by Marvelous Kidz Staff)

Date Received: _____

Approved Denied Waitlisted

Weekly Tuition Rate After Assistance: \$ _____ 275/week _____

Staff Member Reviewing Application: _____

Signature: _____ **Date:** _____

Thank you for applying for financial assistance! Our team will review your application and notify you of our decision within **7-10 business days**. If you have any questions, please contact us at **[Your Contact Information]**.