

**HONESDALE COMMUNITIES THAT CARE
AFTER SCHOOL ENRICHMENT PROGRAM**

REQUEST FOR REDUCED FEE FOR PROGRAM

PARENT NAME: _____ PHONE: _____

ADDRESS: _____

NAME(S) OF CHILD(REN) IN THE PROGRAM: _____

DAYS PER WEEK IN THE PROGRAM: _____

OF SEMESTERS IN THE PROGRAM: _____

AMOUNT OWED: \$ _____

FAMILY INCOME: \$ _____ PER YEAR

How do you think attending the CTC program could benefit your child(ren)?

Please list any special circumstances that should be taken into consideration during review of this application.

OF FAMILY MEMBERS LIVING IN HOUSEHOLD _____

HOW MUCH CAN YOU AFFORD TO CONTRIBUTE? (Can be a daily or monthly amount) \$ _____

WOULD YOU BE WILLING TO VOLUNTEER FOR THE PROGRAM TO OFFSET THE FEE? _____

Parent Signature

Date

.....
This portion to be filled out by Executive Director after review- to be signed by parent after

FINAL FEE AGREEMENT: _____

Parent Signature

Date

Executive Director Signature

Date

Richard Palazzo, Executive Director