



TOTTENHAM WAR MEMORIAL EARLY CHILDHOOD CENTRE

CHILDREN'S SERVICES AFFORDABILITY ASSISTANCE APPLICATION FORM

CONFIDENTIAL

The Department of Human Services provides extra funding to assist low income parents to meet the costs of Preschool.

This Application Form allows us to assess your eligibility for this assistance. The assistance is provided direct by the service, it is not available from the Department. Eligibility for this assistance is dependent upon the completion of this form and providing proof of your gross family income.

Confidentiality is maintained, as with all documentation regarding you and your children, we do require to keep on file your details and proof of income for reporting purposes.

CHILD/CHILDREN IN THE FAMILY TO BE ENROLLED

	Name	Age	Number of Days
1			
2			
3			

Parent's Name: _____

Address: _____
_____ Post Code _____

Phone: (Home) _____
(Work) _____

Gross Income: \$ _____

Details of Proof of Income: _____

Spouse/Partner (if applicable): _____

Address: _____
_____ Post Code _____

Phone: (Home) _____
(Work) _____

Gross Income: \$ _____

Details of Proof of Income: _____

TOTAL GROSS FAMILY INCOME: \$ _____

