Saskatoon Preschool Foundation

Preschool Tuition Subsidy Application Form

Please send the completed application via

Email: spf@spsd.sk.ca (as a scanned attachment) or Regular Mail: PO Box 25150, Saskatoon SK S7K 1H0

PRESCHOOLER INFORMATION (Please complete and/or circle)

| Child's Full Name: | lame: | | | Gender: | | Birthdate: | |
|--|---------------------------------|--|---|---------|-----------------|------------|--|
| Self Declaration of Child First Nation | ewcomer, Immigrant, R | Languages spoken at home: Refugee, Other: | | | spoken at home: | | |
| PARENT/GUARDIAN INFORMATION (Please complete and/or circle) | | | | | | | |
| 1) Parent/Guardian Name: Mother, Father, Other | | | 2) Parent/Guardian Name: Mother, Father, Other, N/A | | | | |
| Address, including Postal Code: | | | Address, including Postal Code | | | | |
| Email Address: | | | Email Address: | | | | |
| Phone number: | | | Phone number: | | | | |
| Indicate type of work/emp | oloyment/unemplo | byed/student: | | | | | |
| Approximate monthly income: | | | Approximate monthly income: | | | | |
| HOUSEHOLD INFORMATION (please circle and/or complete) | | | | | | | |
| Marital Status: | single | separated | common | -law | m | arried | other (describe) |
| Number in household: (under 18 years): | 1 | 2 | 3 | | | 4 | 5 |
| Type of Housing: | apartment | duplex | townhou | ıse | h | ouse | other (describe) |
| Income: | single | dual | suppleme | nted | C | other | |
| Yearly Total Household Income: (including employment income, other income, support payments, workers compensations, scholarships, grants): | 0 - 20,000 | 21,000 - 40, 000 | 40,000 - 5 | 0,000 | 51,000 | 0 - 60,000 | 60,000 |
| Monthly Household Expenses: | (rent/mortage) Housing Cost: | (food, clothing, utilities) Living Expenses: | (car, gas, Transporta | | Sa | vings: | (debt repayment, entertainment, Other: |
| Total: \$mo | \$/mo | \$/mo | \$ | /mo \$ | S | /mo | \$/mo |

Please describe any exceptional circumstances and your need for a preschool tuition subsidy:

Saskatoon Preschool Foundation

| Name of Preschool: | | Preschool Phone: | |
|-----------------------------|------------------------------|---------------------------------|--------------------------------|
| Preschool Address: | | Preschool Email: | |
| Teacher: | | Teacher Email: | |
| Board Member: | | Board Member Email: | |
| Type of program: | 2-day, 3-day | Monthly Tuition: | |
| Number of Month of Program: | | Yearly Tuition: | |
| UBSIDY REQUEST | - (The SPF does not subsidiz | ze September tuition fees. Subs | sidy is maximum of \$800/year) |
| Student First Name: | | Number of months attending: | |
| Student Last Name: | | Total Subsidy Request Amount: | |

Saskatoon Preschool Foundation may request additional information from the preschool if required.

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OFFICE USE ONLY

| Date of Receipt of Application: | Email Confirmation to applicant: | |
|---------------------------------|----------------------------------|--|
| Date of Approval: | Amount: | |