



Saskatoon Preschool Foundation

Preschool Tuition Subsidy Application Form

DATE of APPLICATION:

Please send the completed application via:

- email: spf@spsd.sk.ca (as a scanned attachment) or
- regular mail: Saskatoon Preschool Foundation
PO Box 25150, Saskatoon SK S7K 1H0

If you have questions, please call the SPF office at 306-250-0533. Please ensure that the application is complete and legible.

FAMILY INFORMATION:

Child's Full Name:		Gender:	Birthdate:
Names of Parent(s)/Legal Guardian(s):			
Address:			Postal Code:
Phone:	Email:	Parent/Guardian Signature:	
Have you applied in the past?		If yes, what year(s)?	
Describe any special needs your child has:			
Please describe your financial situation, any exceptional circumstances, and your need for a preschool tuition subsidy (for example, low income, loss of income, single parent, and/or health concerns, etc.)			
Approximate yearly household income:			
Please enter monthly dollar amounts for each applicable item below:			
Expenses:	Utilities: -Water	Telephone:	Vehicle: -registration:
Home Taxes:	-Gas	Internet:	-gas:
Insurance:	-Electricity	Cable:	Loans/Credit Card Payments:
Clothing:	Laundry:	Groceries:	Adult Tuition:
Childcare*:	Other (formula, diapers, RESPs, repairs, pets):	Rent/mortgage:	

***Will you receive subsidized daycare for your child during the time of day/week they attend preschool?
If yes, what is the amount of the subsidy per month?**

The SPF applies for grants/funds to support the subsidies. The following information would be helpful in gathering data for current and future funding opportunities. This information is voluntary and confidential.

Do you or your child identify as Indigenous (First Nation, Inuit, Metis)?
Do you or your child identify as a newcomer, immigrant, or refugee to Canada?
Languages spoken at home?

PRESCHOOL INFORMATION: *(A preschool teacher or preschool representative can help complete this portion.)*

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

Name of the Preschool		Monthly Tuition:
Address:		Postal Code:
Teacher:	Phone:	Email:
Additional Preschool Contact (Board Member):	Phone:	Email:
Subsidy Request:		
Number of Months (starting October):		Total Subsidy Request:

21/01/19

Office Use Only:

Approval Date: _____ Amount: _____

Additional Notes and Information: