



LICENSED PRESCHOOL PROGRAM OPEN DOORS APPLICATION 2024-25

FAMILY CENTER NAME: _____

Choose an option: Full-day licensed preschool Wrap around care (before and after care) Both

Parent Full Name: _____ Gender: Male Female

Address: _____

City, State, Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Employment Status: Full-Time Part-Time Unemployed Workers Comp Retired

Are you a college student? Yes No

If yes, are you: Living at home (dependent on parent) Living at home (not a dependent)
 Living on campus (dependent on parent) Living on campus (not a dependent)

Dependents — List all people living in the household.

NAME (LAST, FIRST)	EMPLOYED (YES OR NO)	GENDER	D.O.B.	RELATIONSHIP

Children Attending the Program

Child's Full Name 1: _____

Child's Full Name 2: _____

Child's Full Name 3: _____

Monthly Household Income — Please list all sources of **monthly** income.

Wages (Gross)	\$	TOTAL INCOME	\$
Child Support/Alimony	\$	TOTAL EXPENSES	\$
Social Security/SSI	\$	What can you afford at this time?	\$

Applicant's Signature _____ Date _____

OFFICE USE: Level approved _____ Documents verified Date: _____ Staff initials _____

REQUESTED DOCUMENTATION

Financial assistance for services is available to those who qualify. The Tampa Metropolitan Area YMCA considers household income and number of dependents. Financial assistance is extended based on a sliding scale. Applications must be accompanied by proof of family income. Applications will be reviewed in the order they are received.

PLEASE PROVIDE THE FOLLOWING FOR ALL INDIVIDUALS IN THE HOUSEHOLD:

1. CURRENT PAYROLL CHECK STUB (FOR TWO PAY PERIODS)
2. MOST RECENT TAX RETURN (NOT W2. PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS)
3. SOCIAL SECURITY RECORDS (IF APPLICABLE)
4. DISABILITY RECORDS (IF APPLICABLE)
5. SCHOOL/CLASS SCHEDULE (IF PARENT/GUARDIAN REGISTERED AS FULL TIME STUDENT)
6. A LETTER EXPLAINING THE NEED FOR ASSISTANCE (If this information is unavailable, or you feel additional explanation is necessary, an appointment may be scheduled with the YMCA Scholarship Representative.)

Until financial assistance is granted, you must pay the full price.

Assistance is reciprocal at all Tampa Metropolitan Area YMCA facilities.

YOU WILL BE REQUIRED TO RENEW AND SUBMIT ALL NEW INFORMATION UPON EXPIRATION OF FINANCIAL ASSISTANCE.