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:	Gender:	Birthdate:	
Self Declaration of Child First Nations, Inuit, Métis, Newcomer, Immigrant,	Refugee, Other	:	Languages spoken at home:
PARENT/GUARDIAN INFORMATION (Please complete and/or c	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/employment/unemployed/student:			
Approximate monthly income:	Approximate n	nonthly income:	

HOUSEHOLD INFORMATION (please circle and/or complete)

Marital Status:	single	separated	common-law	married	other (describe)
Number in household: (under 18 years):	1	2	3	4	5
Type of Housing:	apartment	duplex	townhouse	house	other (describe)
Income:	single	dual	supplemented	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 - 50,000	51,000 - 60,000	60,000
Monthly Household Expenses:	(rent/mortage) Housing Cost:	(food, clothing, utilities) Living Expenses:	(car, gas, bus) Transportation:	Savings:	(debt repayment, entertainment, Other:
Total: \$mo	\$/mo	\$/mo	\$/mo	\$/mo	\$/m

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

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

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:	

SUBSIDY REQUEST - (The SPF does not subsidize September tuition fees. Subsidy is maximum of \$800/year)

Student First Name:	Number of months attending:	
Student Last Name:	Total Subsidy Request Amount:	

ADDITIONAL NOTES/INFORMATION FROM THE PRESCHOOL

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:	