

IV. Truth of Statement

The facts set forth in this application are true and complete to the best of my knowledge. I understand and accept the fact that a false or incomplete statement on this application will be cause for rejecting my application, at which point I will be responsible for 100% of the normal weekly tuition rate for my child.

Parent's Signature

Date

V. Sliding Fee Disclosure

Re-evaluation for sliding fee is required if there is a change in your income status during the year. You are required to have your complete application updated twice a year, even if your income has remained the same or your fee will revert back to 100%.

VI. Summary

Mr./Mrs/Ms. _____ total yearly, monthly, or weekly income is \$ _____, the family size is _____, and therefore is eligible for a reduce rate in tuition. The reduced rate will be _____ weekly or daily and is due prior to receiving services.

Director's Signature

Date

YOUR NEXT SCHEDULED REVIEW DATE WILL BE, _____