

Date:

**Kiwanis Day Care Center  
Sliding Fee Scale Application**

**I. Tell Us About Yourself**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth  
\_\_\_\_\_

Have you applied for child care assistance through River Valley Child Development Services?  
Yes or No

If yes, what was the result of the application? \_\_\_\_\_  
\_\_\_\_\_

**II. Tell Us About Your Family**

Please list the members of your household including yourself:

Full Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____