



**Rincon Valley Union School District
EXTENDED DAY CARE PROGRAM**

**Application for Reduced Rate Day Care
School Year 2012-2013**

List student(s) enrolled in the RVUSD Day Care Program

Last Name	First Name	School	Grade

MONTHLY INCOME

If your household is now receiving any of the following: Food Stamp, CalWorks, KinGAP or FDPIR benefits you may provide your case number, and skip the income question below.

Yes, we received one of the above listed benefits this month. The case number is _____

Monthly Income List all adult household members, regardless of whether they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more than usual, enter the usual monthly income. Also enter any income received by or for a child from full-time or regular part-time employment, SSI or Adoption Assistance.

Full Name	Gross monthly earnings from work (before deductions), include all jobs	Pension, retirement, social security	Welfare benefits, child support, alimony payments	Any other monthly income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<i>Total Gross Monthly Household Income (before deductions)</i>				\$

HOUSEHOLD SIZE

Children (under age 21) _____ # Adults (21 and older) _____ Total # in Household _____

PARENT/ GUARDIAN INFORMATION

Name _____ Phone Work _____
 Address _____ Home _____
 City _____ Zip _____ Mess _____

I certify that all of the above information is true and correct, and that all income is reported. I understand that school personnel may verify the information on this application.

 Signature of Parent/ Guardian Date

For Official Use Only

Approved : Date _____ / _____ Denied: Date _____ / _____ Reason: _____

Notice sent app _____ Notice sent site _____