



BOYS & GIRLS CLUBS
OF LA HABRA

Financial Assistance Request Form

School Year 2016/2017

Child #1: _____

Age: _____ Member #: _____

Child #2: _____

Age: _____ Member #: _____

Address: _____

City: _____ Zip: _____

School: _____

Home Phone #: _____

Mother's Name: _____

Mother Employed By: _____ Work Phone: _____ Cell Phone: _____

Mother's Email: _____

Father's Name: _____

Father Employed By: _____ Work Phone: _____ Cell Phone: _____

Father's Email: _____

Parents are: Married Separated Divorced

Child lives with: Mother Father Both Other _____

Total # of Persons in home: _____ Total # of Children in home: _____ Ages of Children: _____

Total Monthly Income for Household

Monthly Wages (Gross Pay)	
Public Aid	
Child Support/Foster Care	
Other Source of Income	
Total	

****Must be accompanied by proof of income and completed in full for assistance consideration.***

Comments:

K1 / 2&UP F/T P/T Weekly Fee _____ Approved Weekly Fee _____ Approval By: _____

Staff _____ Date: _____