

Lakeland Children's Center
PO Box 712 Shrub Oak, NY 10588
914-528-8119 (p) 914-352-7679 (f)
info@lakelandchildrens.com

2019-2020 Income Guidelines Household Annual Income and Size

Household Size (# of people)	Annual Income Guidelines
1	\$23,107
2	\$31,284
3	\$39,461
4	\$47,638
5	\$55,815
6	\$63,992
7	\$72,169
8	\$80,346

*\$8,177 for each additional family member.

Name of Child(ren) attending LCC

Child #1

Name: _____

Sex: Male or Female(circle one)

Age: _____

School Grade 20/21 School Year: _____

School Child will be attending (circle one)

BF CB GW LT TJ VC

Child #2

Name: _____

Sex: Male or Female(circle one)

Age: _____

School Grade 20/21 School Year: _____

School Child will be attending (circle one)

BF CB GW LT TJ VC

Child #3

Name: _____

Sex: Male or Female(circle one)

Age: _____

School Grade 20/21 School Year: _____

School Child will be attending (circle one)

BF CB GW LT TJ VC

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Family Information

Mother

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Place of Business: _____

Work Hours: _____

Father

Name _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Place of Business: _____

Work Hours: _____

Legal Guardian if different from above

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Place of Business: _____

Work Hours: _____

Name _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Place of Business: _____

Work Hours: _____

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Financial Information

Household Income

Annual Income before taxes	Parent #1	Parent #2

Additional Income

Bonus_____

Overtime_____

Child Support_____

Alimony_____

Rental Income_____

Is there anyone else in the home that contributes to the financial well-being of the family? If so please provide detailed information:

Other Children

Name	Age	Sex	School Attending	Living at home?

Others living in the home

Name	Relationship to Child(ren)

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Monthly Expenses

Rent / Mortgage \$ _____

Property Taxes \$ _____

Utilities \$ _____ Insurance \$ _____

Monthly Health Insurance \$ _____ Monthly Auto Insurance \$ _____

Life Insurance \$ _____ Medical Expenses \$ _____

Auto \$ _____ Personal \$ _____ Credit Card \$ _____

Alimony \$ _____ Child Support \$ _____

Tuition: \$ _____

Any other unusual expenses (please specify and provide verification_

Are you receiving tuition assistance from other sources: Yes or No

If yes please indicate source: _____ Amount \$ _____

Have you received tuition assistance from LCC in prior years? Yes or No

Are you self-employed? Yes or No

Name and Type of Business: _____

Number of people residing in the home _____

Number of children in the family? _____

Number of children attending LCC _____

Grades if children attending LCC : K 1 2 3 4 5 6 7 8

Does your child receive free lunch? Yes or No

Does your child receive reduced price lunch? Yes or No

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Child Care Requirements: please check what days and times are needed

Days	AM: 7:00-8:10	Slot C: 2:30-4:30	Slot D: 2:30-6:00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

How much money per month can you pay towards your child(ren) care at the Lakeland Children's Center? \$ _____

I certify that the above statements are true to the best of my knowledge. In the event that they are found to be inaccurate, this application will be null and void.

Signature: _____

Date: _____