

The Cootamundra Centenary Pre School Association Inc.

Confidential

ECONOMIC NEEDS SUBSIDY FORM

The following discount will be granted on the daily fee rate to Low Income Families whose eligibility is assessed on combined annual incomes. See below for details.

<u>Combined Annual Incomes</u>	<u>Discount Provided</u>	<u>Satisfactory Proof of Incomes</u>
Less than \$25,000	50%	*Current Tax Assessment Notice/s along with an estimate of income/s for the remainder of the calendar year if your circumstances have changed: <u>OR</u> *'Notice of Assessment Form" from "Centrelink" * <u>PLUS</u> a copy of your <u>Health Care Card</u>
\$25,001 to \$41,000	32%	
Over \$41,000	No Subsidy	

NB: THIS COMPLETED FORM ALONG WITH THE PROOF OF INCOMES, MUST BE RETURNED TWO WEEKS AFTER THE DATE OF RECEIVING IT, OR FULL FEES WILL BE CHARGED.

CHILD/CHILDREN TO BE ENROLLED:

CHILD'S NAME	AGE	ROOM	DAY

Parent's Name: _____
Address: _____
Phone: _____
Annual Income: \$ _____

Spouse/Partner's Name: _____
Address: _____
Phone: _____
Annual Income: \$ _____

Declaration by Family:-

- * The information given in this form is true and correct.
- * Satisfactory proof of combined incomes is attached
- * The family will advise the Pre-School of any change in income that may affect the level of subsidy received.
- * The family have read the Fee's policy and understand their obligations in relation to Fee payments.

SIGNED PARENT: _____ SIGNED SPOUSE/PARTNER: _____

DATE: _____

OFFICE USE ONLY: % Date: Signed:
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