



**BOYS & GIRLS CLUB
OF ZIONSVILLE**

1575 Mulberry Street
Zionsville, IN 46077
317*873*6670

APPLICATION FOR REDUCED FEES

Each application will be reviewed and evaluated on an individual basis

Child's Name _____ Grade _____ Birth Date _____ Male/Female
Child's Name _____ Grade _____ Birth Date _____ Male/Female
Child's Name _____ Grade _____ Birth Date _____ Male/Female

Home Phone _____ Cell Phone _____
Address _____
City _____ State/Zip _____

School: Name / Phone number

Does your child(ren) receive free/reduced lunches at school? Circle one

Child lives with _____

Name of Father/Guardian child lives with _____
Place of employment _____

Name of Mother/Guardian child lives with _____
Place of employment _____

Do you receive support payments of other additional child care benefits? If yes please explain

Number in household _____
Family income: Up to \$12,999 _____ \$13,000 to \$19,999 _____
\$20,000to \$34,999 _____ \$35,000 to \$49,999 _____
\$50,000 to \$64,999 _____ Above \$65,000 _____

I certify that all of the above information is true and verifiable.

Parents/Guardian Signature Date _____

*****Please provide proof of Income or documentation of Free School Lunch*****