

Membership Fee Determination Form

Parent First Name		Parent La	ast Name:		
Email:		Phone:			

Boys & Girls Club of Elgin wishes to provide access to Club programs to as many children as possible, at the lowest cost possible. In order to provide our services at zero cost to qualified families, we are utilizing the Child Care Assistance Program (CCAP). The Membership Application process for all Elementary Club Members now includes a required Membership Fee Determination Form.

What is CCAP?

The Child Care Assistance Program is for both families and providers. For any families that qualify, our Clubs will be able to provide greater support for our members, families, and staff. It will also help increase the quality of the activities and programs that we provide to our Club Members. If you have any questions about this program, ask one of our Club Staff!

If you would prefer to not be considered for CCAP / scholarship and pay full membership fees, please check this box:

Household Information

Household Type	Single Parent/Guardian Household		Dual Parent/Guardian Household				
Parent One	First Name:		Last Name:				
	Currently Employed:		Currently in Educational Program:				
	Yes No		Yes No		0		
	I earn before deductions \$		Per Hour	Per Month	Per Year		
	Number of hours usually worked each week:						
	If employed, please attach your <mark>two most recent consecutive pay stubs</mark> below or a letter of employment verification:						
	First Name:		Last Name:				
Parent Two	Currently Employed:		Currently in Educational Program:				
	Ye	es No	Yes	N	0		
	l earn before	e deductions \$	Per Hour	Per Month	Per Year		
	Number of hours usually worked each week:						
	If employed, please attach your <mark>two most recent consecutive pay stubs</mark> below or a letter of employment verification:						

Total Number of Individuals in Household:

Household Income Summary (type 0 for any sections that do not apply):

Monthly Gross Employment Income for all Parents in Household	
Monthly TANF Cash Assistance	
Monthly Child Support Received	
Monthly Other Income	
TOTAL MONTHLY INCOME	

I certify that the information provided is accurate and true to the best of my knowledge. I authorize Boys & Girls Club of Elgin to verify any and all information I have provided. I certify that I am the legal custodial parent, guardian or foster parent of the child(ren) listed in this application and that I am responsible for his/her/their support.

I understand that based on the information provided in the Program Fees Determination Form I may be required to complete the entire Child Care Assistance Program (CCAP) application to continue enrollment with the Boys & Girls Club of Elgin. If CCAP is completed, the Boys & Girls Club will submit my application to the Child Care Resource & Referral Center, which will subsequently notify me of CCAP eligibility determination.

Signature

Date