

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

**2020-2021 Income Guidelines Household Annual Income and Size**

| Household Size (# of people) | Annual Income Guidelines |
|------------------------------|--------------------------|
| 1                            | \$23,606                 |
| 2                            | \$31,894                 |
| 3                            | \$40,182                 |
| 4                            | \$48,470                 |
| 5                            | \$56,758                 |
| 6                            | \$65,046                 |
| 7                            | \$73,334                 |
| 8                            | \$81,622                 |

\*\$8,288 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: \_\_\_\_\_

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**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:

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**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\_

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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**

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

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: \_\_\_\_\_