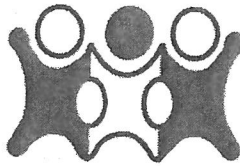


Learn 'N Play of Wooster
 243 South Bever Street
 Wooster, OH 44691



Phone: 330-263-9139
 Fax: 330-263-9139
 e-mail: learnnplay1@yahoo.com

Mission of Learn 'N Play: To serve the community with a spectrum of quality developmental child-care for children ages birth through 6 years of age.

Verification of Household Income

Employment Income - Self
 Spouse/Significant Other
 Unemployment Income/Workers Compensation
 Child Support
 Monetary Financial Assistance
 Other Income

Weekly/Bi weekly	Monthly	Yearly

Total Income _____

Adults in the home: _____

Name: _____ Name: _____
 Name: _____ Name: _____

Children In the Home _____

Name: _____
 Name: _____
 Name: _____
 Name: _____

I am enrolling my child(ren) at Learn N Play of Wooster.

1st child: _____ Date of Birth: _____
 Full day _____ half Day: _____

2nd child: _____ Date of Birth: _____
 Full day _____ half Day: _____

3rd child: _____ Date of Birth: _____
 Full day _____ half Day: _____

4th child: _____ Date of Birth: _____
 Full day _____ half Day: _____

I certify that the above information is to the best of my knowledge true, correct and complete. I agree to inform Learn N Play of any changes on the income listed above. I understand that my tuition has been set by the income information provided above. I understand that my tuition MUST be paid in advance and in full.

Proof of income must be submitted with this form.

Parent/Guardian Signature: _____ Date: _____

Social Security Number: _____

Parent/Guardian Signature: _____ Date: _____

Social Security Number: _____

Staff Person taking in form and documentation: _____ Date: _____

Form/Documentation Reviewer's Signature: _____ Date: _____