



DOWNTOWN BALTIMORE CHILD CARE, Inc.

806 Park Avenue, Baltimore, MD 21201-4807 • 410-669-1010 • FAX 410-383-0127

237 N. Arch Street, Baltimore, MD 21201-1526 • 410-659-0515 • Fax 410-659-0685

A Non-Profit Organization

www.dbckids.org

Application for Financial Aid

The information supplied here will be considered strictly confidential. It will not be made available to any individual or group, not directly involved with the granting of financial assistance by Downtown Baltimore Child Care, Inc.

Child's Name: _____

Child's Age: _____ Birth Date: _____

Home Address: _____

City State, Zip: _____

Home Telephone: _____ Cell Phone: _____

Parent's Name: _____

Parent's Address: _____

Parent's Occupation: _____

Name & Address of Employer: _____

Work Phone: _____ Fax #: _____

Annual Gross Income: _____

Co-parent's Name: _____

Co-Parent's Address: _____

Co-Parent's Occupation: _____

Name & Address of Employer: _____

Work Phone: _____ Fax #: _____

Annual Gross income: _____

Other Dependent Children:

Name	Age	School	Current Tuition or Child Care Fee
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Please list any other dependents:

Are parents unmarried, separated, or divorced? If so, who bears financial responsibility for the child or children? Please describe your situation.

Please describe any other financial commitments, which should be considered in order to obtain a fair estimate of your financial situation. Include rent or mortgage payments, car payments, and any other debts.)

Are there any other funds that may be available to support the child's education, such as child support, employer sponsored scholarships, or aid from relatives, friends organizations of agencies?

Please describe any other circumstances that may affect your ability to pay for childcare:

Signed: _____ (Parent) Date: _____

Signed: _____ (Co-Parent) Date: _____