WINCHESTER RECREATION DEPARTMENT CHILDCARE FINANCIAL AID REQUEST

The Winchester Recreation Department has a limited amount of financial assistance to offer families registering for Recreation Department Programs. For those looking for Child Care Aid, please see the information below on requirements. The town childcare programs do not accept state childcare youchers.

Child Care Program Financial Aid Application Policy (WRAP & KID CONNECTION PRESCHOOL)

- Applicant must be working or attending school during the hours of operation of the child care program
- Applications must be renewed yearly with updated required documents.
- Complete applications must be submitted with all required documentation to be considered. Please do not submit incomplete applications!
- Applicants must submit the following documentation
 - A copy of the 2023 tax return summary. If household adults have filed separately, all return summaries must be provided.
 - Verification of current work schedule from the employer or school schedule of each adult care provider of the child/ren
 - Four weeks of the most recent pay stubs that includes the number of hours worked in the pay period.

Please note the Income Eligibility table below. If your family falls in any of these boxes you may be eligible for financial aid. To meet the income requirement, your household income must initially be at or below 50% of the state median income (SMI).

Household size	2	3	4	5	6	7
Max monthly income (before taxes)	\$4,122.00	\$5,092.00	\$6,062.00	\$7,032.00	\$8,002.00	\$8,184.00

WINCHESTER RECREATION FINANCIAL AID CHILDCARE REQUEST FORM

Winchester Recreation has a limited financial aid fund to assist families. The amount of aid offered to each family will be consistent with Massachusetts EEC voucher funding guidelines, will depend upon the number of qualified applications and will be prioritized based on documented family need. Assistance is offered in the form of reduced tuition.

Participant	Name:	
Age:	Date of Birth:	Grade on 9/1/2024:
Parent/Gua	ardian Name:	
	ne:	
Family size:	<u></u>	
Number of	Dependents:	
Annual Fam	nily Income:	
Copy of Current 4 weeks	Fyour most recent Tax Return Sumn Work or School Schedule (childcare s most recent pay stubs (childcare p ude a summary of any extenuating	e program)
Parent/Guar	dian Signature:	
Please Print	Name [.]	Date

This request will be reviewed and an official letter of award will be mailed if approval is granted.