



H.A.T.S. Program Application

Applicant Name(s): _____

Address: _____

Contact Number: (____) _____ (____) _____

Email : _____@_____ .com

Program Interest: Infant/Toddler Preschool Pre-K Before/Aftercare Summer Camp

Income Information *(must attach proof of income, two most recent pay-stubs and/or last year w-2)*

Income Source: _____
Amount: _____ **Frequency:** _____

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As a participant in the H.A.T.S program, you must meet the following requirements and conditions of the program:

- *Income Requirement: Single Family Household \$45,000 Two Income Family Household: \$70,000 or less*
- *Must provide 2 weeks of pay stubs and prior year tax return OR be a student in high school, college or any other type of schooling or be adoptive/foster care parents*
- *Child can only be in care for 10 or less hours per day (schedule must be presented for exceptions)*
- *Must re-determine every 6 months.*
- *If receiving subsidies/vouchers, rates will vary depending on the amount of the voucher*
- *Tuition must be paid on time or program will terminate.*
- *Participants must comply with all printed or verbal policies of the center.*
- *Program can be terminated at anytime, for any reason at the discretion of management.*

Parent/Guardian _____ **Date** _____

For Office Use Only

Accepted: Yes No _____ **Tuition Amount:** _____

Recertification Date: _____