



City of Commerce
 Department of Parks and Recreation
Preschool Financial Assistance Application
2024



The City of Commerce Department of Parks and Recreation offers a reduced annual registration fee for preschoolers from low-income families. The purpose of this financial assistance program is to provide opportunities to the underrepresented and economically disadvantaged youth in our City. The Financial Assistance Program reduces the preschool fee a family pays. Complete the Student Information Section, Section A-Household Income Information, and **either** Section B-Proof of Income **or** Section C-Proof of Assistance and submit with the required documentation and membership application.

Student Information

Resident Activity Card Number: _____

Date: _____ Parent Name: _____

Student's Legal Name: _____
Last Name First Name Middle Name Preferred Name

Student's Birth Date: _____ Gender:
Month Day Year M F

Students's Current Address: _____
Street City State Zip Code

Contact Phone Number: _____ Email Address: _____

Section A: Household Income Information

Household Size: _____ Gross Annual Household Income: _____

Form of Income: _____ Verified by: _____
Office Use

Number of Dependent Minors Ages: 0-10 years _____ 11-17 years _____

Dependent Information: (Children under 18)	
Name	DOB

Section B: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [Source: CA Dept of Social Services Emergency Food Assistance Program (TEFAP) 2024 Income Guidelines]

Number in Family	Gross Annual Income
2	\$48,034.00
3	\$60,677.00
4	\$73,320.00
5	\$83,613.00
6	\$98,606.00
7	\$111,249.00
8	\$123,892.00
Over 8, add for each	\$12,643.00 each

OR-----Section C: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

- Aid to Families with Dependent Children
- Social Security Disability Insurance
- Food Stamps (CalFresh)
- Temporary Assistance to Needy Families (CalWORKs)
- Supplemental Security Income
- Women, Infant and Children's Program (WIC)
- Medicaid
- Children's Health Insurance Plan
- Section 8 Public Housing

Acknowledgement

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate.

Parent/Guardian Signature

Date

OFFICE USE ONLY

APPROVED BY: _____ APPROVAL DATE: _____

DENIED BY: _____ REASON DENIED: _____