



BVCP Tuition Assistance Application Class of 2015

Name: _____

Address: _____

Phone: _____

Please circle the class/classes you would like to register for:

2 day 2-year-olds (\$209)

3 day 2-year-olds (\$278)

3 day 3-year-olds (\$278)

3 day Pre-K (\$278)

5 day Pre-K (\$337)

Kindergarten (\$429)

Annual Net Household Income: \$_____

Number of Family Members in Household: _____

Please list all family members under the age of 18:

_____	_____
Name	Age

_____	_____
Name	Age

_____	_____
Name	Age

Amount of monthly tuition you feel that you would be able to pay: \$_____

Please include any additional information you would like to add to further explain your situation.

Please include a copy of your most recent W2 form.