**Morningside PlayCare Immersion**

**Family Income Diversity Program**

Morningside PlayCare’s Income Diversity Sliding-Scale Program is designed to enable tuition rates in which all parents “stretch” to make it possible for their child’s environment to be enriched by diversity. Our financial aid is primarily derived from making dollars from higher tuition paying parents, available to help offset the cost of lower tuition paying parents. It is our intention that everyone, including MPC, stretches

*Two Reasons Diversity is So Important:  (1) Everyone’s educational experience is enhanced in a multi-cultural and economically diverse setting where multiple perspectives are considered, diverse approaches to teaching and learning exist, and similarities and differences are valued. (2) Our nation is stronger when all of our children are preparing to participate as****globally competent****citizens in a future full with possibilities*

*Form should be submitted simultaneously, or within 5 days of application for admission. Return Completed Form to:*

**Morningside PlayCare**

501 W 123 Street, 18D

New York, New York 10027

212-316-0313

[admissions@MorningsidePlayCare.com](mailto:admissions@MorningsidePlayCare.com)

[www.MorningsidePlayCare.com](http://www.MorningsidePlayCare.com)

Gail Foster, Ed.D.

Parent, Educator, Chief Executive

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**SLIDING SCALE FAMILY FINANCIAL FORM – PAGE 1**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**

1. Please complete, sign, and return to Morningside PlayCare.

2. Families enrolling more than two children should consult with the director of the school.

3. WAIVER: Families who agree to pay the maximum fee and who elect not to submit financial information on this Family Financial Form, must sign the Waiver on the last page of this form.

4. EACH parent/guardian should sign the form.

5. **Send completed and signed form** to [admissions@morningsideplaycare.com](mailto:admissions@morningsideplaycare.com) Feel free to call with any questions: (212) 316-0313.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Annual Before-Tax Income**  Calculate and enter your family’s **total before-tax income** based on actual information for 2022, and as projected for 2023. (Also see *Additional Funds Available for Education,* below.) | **2022 Actual** | **2023 Projected** |
| a | Wages or Salaries | $ | $ |
| b | Bonuses, tips, commissions, royalties | $ | $ |
| c | Government payments (e.g., social security, public assistance, VA benefits, etc.) | $ | $ |
| d | Dividends & interest (include all tax-exempt sources, e.g., municipal bonds, etc.) | $ | $ |
| e | Net income from partnerships, estates, trusts, business corporations, professional practice, self employment, etc. | $ | $ |
| f | An approximate dollar value of any prerequisites not reflected in dollar income (e.g., Rent free: housing, automobile, cell phone.) | $ | $ |
| g | Net income from real estate (including subletting, and room rental) | $ | $ |
| h | All miscellaneous income (e.g., gifts, alimony, child support payments, etc.) | $ | $ |
| i | **TOTAL** | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Additional Funds Available for Education** | **2022 Actual** | **2023 Projected** |
| a | Income from trusts in your child’s name | $ | $ |
| b | Support from friends, grandparents, other relatives | $ | $ |
| c | Savings designated for educational purposes | $ | $ |
| d | Support from community organizations, etc. | $ | $ |
| e | Social Security benefits for education | $ | $ |
| f | Earned income paid directly to child | $ | $ |
| g | **TOTAL** | $ | $ |

**SLIDING SCALE FAMILY FINANCIAL FORM – PAGE 2**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Asset and Liability Adjustment to Income**

**(Complete only if you have assets in excess of $100,000, excluding primary residence)**

|  |  |
| --- | --- |
| **LIST 2022 ASSETS**  **Assets include:** Checking, savings and investment accounts, vacation and second homes, tangible properties purchased for investment purposes, etc.  **Assets do not include:** Primary residence or 401(k), IRA and similar retirement plans. | **2022 Actual** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL** | $ |

|  |  |
| --- | --- |
| **LIST 2022 LIABILITIES**  **Liabilities include:** Debts, mortgages (other than for primary residence), etc. | **2022 Actual** |
|  | $ |
|  | $ |
| **TOTAL** | $ |

|  |  |
| --- | --- |
| **CALCULATE 2022 NET ASSETS:** | **2022 Actual** |
| Enter 2022 Assets Total. | $ |
| Subtract 2022 Liabilities Total. | $ |
| **2021 Net Assets (If net is less than 0, enter 0.)** | $ |

|  |  |  |
| --- | --- | --- |
| **3** | **MPC SLIDING SCALE ASSET ADJUSTMENT TO INCOME** | **2022 Actual** |
| a | Enter 2022 Net Assets (If less than 0, enter0.) | $ |
|  | Subtract Automatic Asset Exclusion. | $  **-**100,000 |
| b | Adjusted Net Assets (Net Assets minus Automatic Asset Exclusion.)  If this is less than 0 enter 0.) | $ |
|  | Multiply by Asset Adjustment Rate (5%). | $ x .05 |
| **c** | **ASSET ADJUSTMENT TO INCOME** | $ 0 |

**SLIDING SCALE FAMILY FINANCIAL FORM – PAGE 3**

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child DOB \_\_\_\_\_\_\_\_\_\_\_\_\_

If you are applying for two children, name of second applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the TOTALs in Sections 1, 2, and 3 of this form to fill out this section. If you have questions you may call the office at 212-316-0313.

|  |  |  |
| --- | --- | --- |
| **SUMMARY WORKSHEET** | **2022**  **Actual** | **2023 Projected** |
| **Total Annual Before –**Tax Income  (line 1i, Annual Before-Tax Income) | $ | $ |
| **Asset Adjustment to Income** (if applicable – line 3c. MPC Sliding Scale Asset Adjustment to Income form Preliminary – if not, put 0.) | $ | $ |
| **TOTAL ADJUSTED INCOME**  (Annual Before-Tax Income + Asset Adjustment to Income) | $ | $ |
| **Total Additional Funds** **Available for Education**  (line 2g, Additional Funds Available for Education) | $ | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD CARE & TUITION EXPENSES**  Provide information on current, upcoming, and previous tuition obligations for child who is applying and siblings. **Note:** The 2023 projected expenses for the child you are seeking to enroll at MPC, should state ***the amount you believe you can contribute annually (for a 12 month enrollment year****) to* the full tuition bill based upon your family’s projected income, assets, and support from relatives and other benefactors. | | | | | |
| **Name of Child**  **(List Applicant first)** | **Schools and/or Child Care Providers** |  | **2021**  **Expenses** | **2022/23 School Year**  **Expenses** | **Projected 2023/24 School Year Tuition and Child Care Expenses** |
|  | Morningside PlayCare |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |

**Part II - Additional Information**

1. If you are self-employed or freelance, briefly describe your income over the last three years, and your projection for 2022/23 academic year.

**SLIDING SCALE FAMILY FINANCIAL FORM – PAGE 3**

1. What amount of your family’s Annual Before-Tax Income entered above

**is received from:**  **is paid to:**

* 1. Alimony: $\_\_\_\_\_\_\_\_ c. Alimony: $ \_\_\_\_\_\_\_\_
  2. Child Support: $\_\_\_\_\_\_\_\_ d. Child Support: $\_\_\_\_\_\_\_\_

1. The school expects that in cases of separation or divorce, both parents will assume responsibility for their child’s educational expenses, subject, of course, to any specific court-ordered arrangement or divorce agreement. Please describe any specific arrangements (formal or informal) for meeting educational expense.

|  |
| --- |
|  |

**4. Projected Need**: What is the monthly Tuition your family is projecting the capacity to pay for the academic year for which you are applying? $\_\_\_\_\_\_\_\_\_\_\_\_ **[**Do Not Leave This Blank]

**5.** Please provide contact information for both parents/guardians.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** Each parent/guardian should sign this form. Certification: I declare that the information on this form is true, correct, and complete. If requested, I agree to provide documentation to verify information reported.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_