



REDUCED TUITION APPLICATION  
Pebbles Preschool and Kindergarten  
4950 Vista Boulevard Sparks, Nevada 89436  
775-626-8490

**Please submit all information below with the Reduced Tuition application so eligibility can be determined. Missing information may delay a decision or cause your application to be denied.**

**ALL DOCUMENTATION IS REQUIRED FOR APPLICATION TO BE REVIEWED**

- Completed Reduced Tuition Application
- Children's Cabinet Subsidy Denial Letter
- Completed Enrollment Package
- Most Recent Pay Stubs (30 days)
- Most Recently Filed Tax Return (Need Tax Form 1040, Not W-2)
- Proof of Other Household Income
- Supporting Documents

Upon receipt of the completed application and above documentation, we will notify you of an eligibility decision within 2-4 business days. If you qualify for Reduced Tuition, we will also notify you of the approved reduced rate at that time.

If you have questions regarding the application or required documentation, please contact our Business Manager, Lauren, at 775-626-8490 ext. 29 or email [lauren@therocknv.church](mailto:lauren@therocknv.church).

**PLEASE BE ADVISED THAT AS THE RECIPIENT OF REDUCED TUITION, YOU ARE EXPECTED TO KEEP YOUR ACCOUNT CURRENT (PAID IN FULL) AT ALL TIMES OR YOU WILL FORFEIT YOUR REDUCED TUITION STATUS AND WILL BE CHARGED THE NORMAL TUITION RATE.**



## Reduced Tuition Application

Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

HOME Phone #: \_\_\_\_\_ CELL Phone #: \_\_\_\_\_

Please list the names and ages of the children you are seeking Reduced Tuition for:

Are you a single parent? YES NO

Applicant: How many hours a week do you work? \_\_\_\_\_

Co-Applicant: How many hours a week do you work? \_\_\_\_\_

Do you currently attend The Rock Church? YES NO

I certify that all information contained in this application is true, to the best of my knowledge, and I hereby authorize The Rock Church to investigate all facts on this application. I understand that deliberate false statements will result in immediate rejection of this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----For Office Use Only-----

Reduced Tuition Application has been reviewed by authorized agent of Pebbles Preschool & Kindergarten.

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Pebbles Preschool and Kindergarten Reduced Tuition Application**  
**4950 Vista Boulevard Sparks, Nevada 89436**  
**Phone: (775) 626-8490**

**Please complete the application and provide all necessary documentation to determine eligibility.**

**PARENT(S)/GUARDIAN(S):**

Full Name	Relationship to you
	Self

**CHILDREN (Under the age of 18) Living in Household:**

Full Name	Relationship to You	Sex	Date of Birth	Need Care?

**EMPLOYMENT: Please list current employer for each adult including self-employment.**

Household Member	Employer Name, Address, and Telephone Number	Rate of pay/hours per week	Pay Frequency	Gross Amount	Length of Employment

**CHILD SUPPORT:**

Person Receiving Support	For Child(ren)	Amount	How Often

**DOCUMENTATION AND RECEIPTS REQUIRED:**

The Children's Cabinet Subsidy Denial Letter		
30 Days Most Recent Paystubs		
Most Recent Filed Tax Return		

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_