

Brevard Public Schools

School Age Child Care Program

**Parent/Sponsor Request of Financial Information**

Only the primary financial sponsor or other parent/sponsor living at the same address and listed as a parent/sponsor on the enrollment form may request financial information.

Site Name: \_\_\_\_\_

Parent Sponsor Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

\_\_\_ I am requesting a customer statement for the following dates:

\_\_\_\_\_ THROUGH \_\_\_\_\_  
Begin Date End Date

\_\_\_ I am requesting a tax statement for the following dates:

\_\_\_\_\_ THROUGH \_\_\_\_\_  
Begin Date End Date

\_\_\_ I am requesting the following information:

\_\_\_\_\_

**Please allow three business days to process. This information will be placed in your parent folder.**

\_\_\_\_\_  
Parent /Sponsor Signature and Date

For Office Use Only:    Date Completed: _____    Staff Signature: _____
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