ERFC School-Age Centers Fee Schedule & Financial Assistance [THIS FORM MUST BE COMPLETED IF REQUESTING ANY RATE LESS THAN THE FULL FEE]

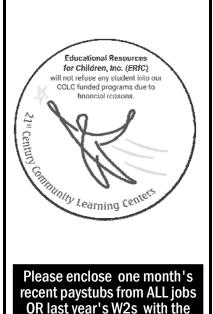
Address		
Home Phone	Cell Phone	Number of Adults in Household
Email Address		Number of Children in Household
Applicant Employer(s)		

ERfC Elementary Centers Fee Table: 2018-2019															
Gross Annual Household Income					Γ						Weekly	/ Rates			
					Daily Rates			5-Day Attendance		3-Day Attendance					
NUMBER IN FAMIL	Y:	1-3	4	5	6		AM & PM	AM	РМ	AM & PM	AM only	PM only	AM & PM	AM only	PM only
	1	\$27,014	\$32,630	\$38,426	\$43,862		\$6.50	\$2.50	\$4.50	\$31.00	\$12.00	\$22.00	\$20.00	\$8.00	\$14.00
	2	\$38,443	\$46,435	\$54,427	\$62,419		\$10.50	\$4.50	\$6.50	\$50.00	\$22.00	\$31.00	\$31.00	\$14.00	\$20.00
Household	3	\$47,209	\$55,201	\$63,193	\$71,185		\$14.00	\$6.00	\$10.00	\$67.00	\$29.00	\$48.00	\$42.00	\$18.00	\$30.00
Income	4	\$55,951	\$63,943	\$71,935	\$79,927	*	\$17.50	\$7.50	\$13.50	\$84.00	\$36.00	\$65.00	\$52.00	\$23.00	\$40.00
	5	\$64,642	\$72,634	\$80,626	\$88,618	*	\$21.00	\$9.00	\$17.00	\$100.00	\$43.00	\$81.00	\$62.00	\$27.00	\$51.00
	6	\$73,284	\$81,276	\$89,268	\$97,260	*	\$24.50	\$10.50	\$20.50	\$117.00	\$50.00	\$98.00	\$73.00	\$31.00	\$61.00
7 If Household Gross Income is greater than above, your rates are				*	\$26.00	\$12.00	\$23.00	\$124.00	\$57.00	\$110.00	\$77.00	\$36.00	\$68.00		
			Typical	Monthly Rat	e (4 weeks)					\$496	\$228	\$440.00	\$308	\$144	\$272
						*				10% Fa	mily Dis	count fo	r multipl	e childre	n

To Find your weekly Child Care Rate:

Find number of people in your family in the top row labeled "Number in Family: Follow the column down until you find the FIRST amount that is GREATER than your current household gross income. Your rate is in that row.

GROSS HOUSEHOLD INCOME (BEFORE TAXES)						
MONTHLY	(Before Taxes)	YEARLY (Before Taxes)				
(1) INCOME						
Person #1 Income from Employment	\$	\$				
Person #2 Income from Employment	\$	\$				
Town and/or State assistance	\$	\$				
Child support	\$	\$				
Other Income (Explain)	\$	\$				
TOTAL HOUSEHOLD INCOME	\$	\$				
(2) EXPENSES						
Rent/Mortgage (if not subsidized)	\$	\$				
Total Utilities (if not subsidized)	\$	\$				
Car Payment	\$	\$				
Food/Household Expenses	\$	\$				
Medical Debt (Not Insurance)	\$	\$				
Other	\$	\$				
TOTAL HOUSEHOLD EXPENSES	\$	\$				
(3) MONEY REMAINING	\$					
(4) DO YOU RECEIVE FOOD ST	Yes No					



OR last year's W2s with the SS# blacked out.

Signed:	Date: