

ERfC School-Age Centers Fee Schedule & Financial Assistance

[THIS FORM MUST BE COMPLETED IF REQUESTING ANY RATE LESS THAN THE FULL FEE]

Name of Parent or Guardian _____
 First & Last Name of Child(ren) applying for _____
 Address _____
 Home Phone _____ Cell Phone _____ Number of Adults in Household _____
 Email Address _____ Number of Children in Household _____
 Applicant Employer(s) _____

Return to ERfC, Inc. 174 South Road Suite 200 Enfield, CT 06082 • 860-253-9935 • info@erfc.us • erfcinc.org

ERfC Elementary Centers Fee Table: 2018-2019

Gross Annual Household Income					Weekly Rates									
NUMBER IN FAMILY:	1-3	4	5	6	Daily Rates			5-Day Attendance			3-Day Attendance			
					AM & PM	AM	PM	AM & PM	AM only	PM only	AM & PM	AM only	PM only	
Household Income	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
	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
	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 Typical Monthly Rate (4 weeks)				* \$26.00	\$12.00	\$23.00	\$124.00	\$57.00	\$110.00	\$77.00	\$36.00	\$68.00
								\$496	\$228	\$440.00	\$308	\$144	\$272	

10% Family Discount for multiple children

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 STAMPS? Yes No



Please enclose one month's recent paystubs from ALL jobs OR last year's W2s with the SS# blacked out.

Signed: _____

Date: _____