

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) _____

ERfC Elementary Centers Fee Table: 2019-2020

Gross Annual Household Income				Weekly Rates						
NUMBER IN HOUSEHOLD:		1-3	4	5	5-Day Attendance			3-Day Attendance		
					Both	Before School	After School	Both	Before School	After School
Income	1	\$27,729	\$33,475	\$39,221	\$33.00	\$15.00	\$24.00	\$21.00	\$9.00	\$15.00
	2	\$39,461	\$47,638	\$55,815	\$52.00	\$24.00	\$33.00	\$32.00	\$15.00	\$21.00
	3	\$56,249	\$64,426	\$72,603	* \$90.00	* \$38.00	* \$71.00	* \$56.00	* \$24.00	* \$44.00
	4	\$72,861	\$81,038	\$89,215	* \$127.00	* \$52.00	* \$109.00	* \$79.00	* \$32.00	* \$67.00
	5	If Household Gross Income is greater than above, your rates are			* \$137.00	* \$62.00	* \$118.00	* \$85.00	* \$38.00	* \$73.00

* 10% Family Discount for multiple children

1

Find the number of people in your household. Follow the column down until you find the FIRST amount that is GREATER than your current household gross income.

2

After you have your income line, follow it across to either the 5-day group or the 3-day group. These are your weekly rates.

ERfC will not refuse any child because of a family's inability to pay. If you need further assistance, please contact our Registrar at 860-253-9935 or mychild@erfc.us

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.

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

Signed: _____

Date: _____