

# 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	
<b>CCLC funding<sup>1</sup></b>	<b>1</b>	\$39,461	\$47,638	\$55,815	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	
	<b>2</b>	\$56,249	\$64,426	\$72,603	*	\$90.00	\$38.00	\$71.00	\$56.00	\$24.00	\$44.00
	<b>3</b>	\$72,861	\$81,038	\$89,215	*	\$127.00	\$52.00	\$109.00	\$79.00	\$32.00	\$67.00
	<b>4</b>	If Household Gross Income is greater than above, your rates are			*	\$137.00	\$62.00	\$118.00	\$85.00	\$38.00	\$73.00

1

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

\* 10% Family Discount for multiple children

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.

<sup>1</sup>Tier 1 is for families that qualify for the Free/Reduced Lunch school program. This tier is funded by a 21st Century (CCLC) federal grant. Program fees for this tier are recommended and not a requirement of enrollment/continued service. No student will be excluded from the program regardless of ability to pay. Families in tier 1 are not required to provide verification of financial status and are able to self-report their income.

If you need further assistance, please contact our Registrar at 860-253-9935 or [mychild@erfc.us](mailto:mychild@erfc.us)

Revised-8/8/19

### 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: \_\_\_\_\_