

## Calculating Your Parent Fee

ELCFV Daily Approved Rates			
Care Level	Schedule	Licensed or Exempt Providers	Gold Seal
Infant (0-12 Mo.)	Full-Time	29.00	34.80
	Part-Time	17.40	20.88
Toddler (12-23 Mo.)	Full-Time	23.00	27.60
	Part-Time	13.80	16.56
Toddler (24-35 Mo)	Full-Time	22.00	26.40
	Part-Time	13.20	15.84
Preschool (36-47 Mo.)	Full-Time	20.00	24.00
	Part-Time	12.00	14.40
Preschool (48-59 Mo.)	Full-Time	20.00	24.00
	Part-Time	12.00	14.40
Pre-school/School-age (60-71 Mo.)	Full-Time	20.00	24.00
	Part-Time	12.00	14.40
VPK Wrap Around for a <b>3 hour VPK Program</b>	Full-Time	14.56	14.56
	Part-Time		
School Age	Full-Time	13.00	15.60
	Part-Time	10.00	12.00
Special Needs	Full-Time	29.00	34.80
	Part-Time	17.40	20.88

**Registration and application fees are not covered by childcare assistance.**

### Parent Fee Information:

- Parent fees can sometimes be referred to as a co-payment.
- Parent fees are based on your family size and gross; countable income.
- Parent fees and any portion of tuition not covered by the assistance ELCFV provides is the parent’s responsibility.
- Parent fees are paid directly to the child care provider.
- To transfer your child from one childcare to another you will need a receipt showing you have a zero balance.
- All child care providers must charge at least the parent fee and must provide you with a receipt when you pay.
- Each childcare provider sets their tuition rates. Rates could vary from program to program.

### Step One:

- A: ELCFV Approved Rate for your child: \_\_\_\_\_
- B: How many days your child will be care: \_\_\_\_\_
- C: Parent Fee Assigned by ELCFV: \_\_\_\_\_
- E: Child Care Provider’s Weekly Rate: \_\_\_\_\_

### Step Two:

1. Parent Fee ( C ) \_\_\_\_\_ multiplied by ( B ) \_\_\_\_\_ = 1<sup>st</sup> amount you are responsible for : ( D ): \_\_\_\_\_
2. ELCFV Approved Rate ( A ) \_\_\_\_\_ subtract (-) ( D ) \_\_\_\_\_ = the amount ELCFV will be paying to your child care provider: ( F ) \_\_\_\_\_
3. Child Care Providers Weekly Rate: ( E ) \_\_\_\_\_ subtract (-) ( F ) \_\_\_\_\_ = the amount of tuition not covered by ELCFV: ( G ): \_\_\_\_\_
4. **Total Parent Payment will be the amount ( D ) \_\_\_\_\_ + ( G ) \_\_\_\_\_ =**