School Readiness Fees Breakdown Worksheet

To Determine ELC Reimbursable Rate paid to Provider per day:

Approved PROVIDER Reimbursement Rate: $_______________ (See SR Contract page 13)
Parent Copayment deducted - _______________ (See Child's SR Certificate of Eligibility)

= $_______________ Amount ELC Pays to Provider per day

(WEEKLY: Amount ELC Pays x 5 days/week = $_____________/week)

To Determine Additional Parental Responsibility per day:

Daily Provider Private Pay Rate $_______________ (based on care level)
Daily Parent Copay - _______________
Amount ELC Pays (from above) - _______________

= _______________ Additional Parental Responsibility per day

(WEEKLY: Additional Parental Responsibility x 5 days/week = $_____________/week)

To Determine TOTAL Parent Responsibility/Day (Parent Copay + Additional Parental Responsibility):

Daily Parent Copay $_______________
Additional parental responsibility per day (from above) + _______________

= _______________ TOTAL Parent Responsibility/Day

(WEEKLY: TOTAL Parent Responsibility/Day x 5 days/week = $_____________/week)

NOTES: _________________________________________________________________________________________
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Parent Signature: ________________________________ Date: ________________
Director Signature: ________________________________ Date: ________________