

Child Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_