

ABC Learning Center
 123 ABC Street
 ABC, FL 34748
 352-123-4567

Child's Name: _____

ABC Learning Center Weekly Rate	
ELCLC Daily Rate	
Minus Parent Fee	
Times 5 Days	
Difference Fee	
Total Weekly Child Care Payment	

ABC Learning Center Child Care Rate

<u>Age Group</u>	<u>Full time</u>	<u>Part Time</u>
Infant	\$175	\$160
Toddler	\$170	\$155
Two Year Old	\$165	\$150
Three Year Old	\$160	\$145
Four Year Old	\$155	\$140
Five Year Old	\$150	\$135
School Age	\$145	\$130
Special Needs	\$205	\$175
VPK	\$145	\$130
School Age (Before) - \$60		
School Age (After) - \$60		
School Age (Before & After) - \$80		
Registration Fee (non-refundable) - \$120 annually per child		

ELCLC Daily Rate

<u>Age Group</u>	<u>FT</u>	<u>PT</u>
Infant	\$35.00	\$33.00
Toddler	\$28.05	\$25.50
Two Year Old	\$27.20	\$25.50
Three Year Old	\$23.25	\$21.00
Four Year Old	\$22.50	\$21.00
Five Year Old	\$22.50	\$21.00
School Age	\$8.31	\$5.40
Special Needs	\$35.00	\$33.00

I _____, am contractually required to pay the daily copay/parent fee listed on my ELCLC certificate of eligibility along with my difference fee. My weekly child care payment is \$_____. I am responsible for signing my child(ren) in and out each day using my legal signature as proof of my child(ren) attendance.

 Parent /Guardian Signature

 Date

 Owner/Director

 Date