early learning coalition
OF PASCO & HERNANDO

School Readiness Parent Fees Breakdown Worksheet

Child Name: _____ DOB:_____

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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***Please note: This form should be updated anytime the child has a care level or parent fee change**