

Champion's Choice for Early Learning

208 Central Ave. * Eureka, MT 59917 * (406)889-4196

SLIDING SCALE FEE FINANCIAL WORKSHEET

Dear Parents,

The purpose of Champion's Choice for Early Learning's Sliding Scale Fee is to provide tuition assistance for families who are unable to afford the current tuition rate of \$5.50 hr. Since CCEL is a tuition and fee supported school, and does not receive any federal, state or local grant assistance, tuition income is essential to the continuation of the educational program. To qualify, each family participating in the tuition assistance program is required to complete a financial worksheet. To keep tuition from increasing, families are requested to fulfill 2 hours of volunteer time a month and provide supplies and/or snacks. Volunteer jobs and a shopping list for supplies and/or snacks will be posted from week to week, as needs arise. We may also assign a particular snack food to an individual family as needed.

The financial worksheet must be completed and returned three days before the first day your child attends for the first time. ***As always, this is the honor system. We will not ask for any documentation or verification of information on the form. We will assume you are providing us with accurate information of your income level and ability to pay.*** But if we have a good reason to believe you have misrepresented your income, you may be disqualified from participating in the tuition assistance program. We ask that you disclose your income to determine what your payment will be. All information that you provide on your tuition assistance worksheet is kept strictly confidential.

The financial worksheet will be reviewed every 3 months so that adjustments can be made. If your financial situation changes before the 3 month review you are required to notify the school and have the amount of tuition changed to reflect your financial changes.

The board will consider qualifying a family who has income above these income levels where extraordinary circumstances might exist.

*Tuition for special-needs student will be at the discretion of the Champion's Choice school board dependent on the need to hire additional staff.

*Rates are subject to change.

*These requirements for participation in the Tuition Assistance Program goes into effect September 2017.

The Sliding Scale Fee gives you an average monthly payment figure, based on four weeks a month. However, some months have five weeks, while some, (due to scheduled holidays), may have fewer weeks. Once your hourly rate has been approved, you are responsible to figure your monthly payment amount, which is due in advance. We will not send out statements with your payment amount or reminders of payments due. Therefore, please keep a copy of the sliding scale fee and your approved tuition amount for future reference.

BASIC INFORMATION

School Year: _____

Applicant Name: _____

Spouse's/Domestic Partner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse's/Domestic Partner Cell Phone: _____ Work Phone: _____

Other family members or friends can volunteer also on behalf of the student. Please indicate in the spaces below, all areas of service for which you or a family member are specially qualified or prefer so that we can plug you in when needs arise.

____ Lawn Maintenance

____ Building Maintenance

____ Equipment repair

____ Teaching Assistant

____ Food Booth

____ Janitor Work

____ Office Work

____ Website/FB update

____ Filing/Organizing

Please list any special skills that you or a family member or friend have: _____

Please indicate what days of the week you are available to work:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

FINANCIAL INFORMATION

Please list your sources and amounts of monthly gross (before taxes and expenses) income from all income sources for both heads of household, married couples, or domestic partners, (this includes, but is not limited to, wages, tips, social security, child support, and TANF payments).

Your salary: \$ _____

Rental income: \$ _____

Spouse/Domestic Partner salary: \$ _____

Welfare/TANF: \$ _____

Dividends/Interest: \$ _____

Gifts/Tips: \$ _____

Commissions: \$ _____

Child Support: \$ _____

Social Security: \$ _____

Other: \$ _____

Combined total of all of the above sources of income: \$ _____

Amount of savings/investments: \$ _____

Days per week desired: _____

Number of children attending Champion's Choice this year: _____

Tuition is due in advance for the month, along with the base fee, on or before your child attends for the first time. After which, tuition is due by the 5th of each month to cover the upcoming month.

Arrangements must be made in advance, and be approved by the board, on a case-by-case basis, if you are unable to pay for the whole month. Any tuition paid after the 5th of each month will incur a **\$25. late fee**, unless you have made other arrangements approved by the director. It is very important that the school be contacted if you will be late with your payment so that your child does not miss any school. If your payment has not been received on time, and you have not contacted the school to make other arrangements before the deadline, **you will be charged a late fee** and your student(s) may be denied admittance until the tuition is paid, or other arrangements are made.

Attendance Policy: Your child will have **10 excused absences** during the school term from September through the end of May, in which you will not be charged for the missed day. This represents 1 absence per month, plus one for good measure. If you enroll after September you will be given 1 absence per month starting the month you enroll and ending with May. Under this policy it does not matter why your child misses a day. But, once he/she has used all excused absences, you will be charged for days he/she is absent.

In addition, families will be charged for the full day no matter what time they arrive, and **extended** charge if they are late picking up. Exceptions to this policy will be reviewed on an individual basis by the board in the event of extreme extenuating circumstances.

Family Comments: _____

We hereby signify that this information is an accurate representation of our income and without this Tuition Assistance we could not send our children to Champion's Choice for Early Learning. By signing this form we acknowledge that we have read and understand the tuition payment requirements, late fees and attendance policy and we agree to the qualification terms and to do our part in volunteering. If our financial situation changes before the 3 month review we agree to notify the school and have the amount of tuition changed to reflect our financial changes.

Participant Signature:

Date

Spouse/Domestic Partner Signature:

Date

-- FOR OFFICE USE ONLY --

Reported Monthly Income: \$ _____

Sliding Scale Fee Tuition Rate: \$ _____

Days Per Week Reserved: _____

Average Monthly Payment: \$ _____

Board Member Comments: _____

Signature of Reviewing Board Member: _____

Date Financial Worksheet Reviewed: _____