PARENT/GUARDIAN NAME:	DATE:

FOR PROVIDER USE ONLY!

Use this to calculate parent/guardian _weekly_ payment responsibility								
CHILD NAME	**RATE PROVIDER CHARGES (weekly)**		**MAXIMUM REIMBURSEMENT RATE (weekly)**	**OVERAGE**		**PARENT CO-PAY (weekly)**		**TOTAL AMOUNT PARENT PAYS**
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	
		−		=	+		=	

Parent is responsible for parent fee **plus any** overage the provider may charge
Be aware that the overage can change when a child's age changes

For school age children, for any school breaks or holidays during the school year, the parent will pay the part time fee, unless noted otherwise

How much should I be reimbursed?					
CHILD NAME	**MAXIMUM REIMBURSEMENT RATE (weekly)**		**PARENT CO-PAY (weekly)**		**TOTAL REIMBURSED PER CHILD**
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	
		−		=	