

1. Program Name: _____

2. Name of Child: _____

3. Name of Parent/Guardian: _____

_____	-	_____	=	\$ 0.00
4. Weekly Private Pay Rate		5. Weekly ELCHC Approved Reimbursement Rate		6. Weekly Provider Tuition Fee

_____	+	_____	=	\$ 0.00
7. Parent/ Guardian Weekly Copay		8. Weekly Provider Tuition Fee		9. Parent/Guardian Weekly SR & Tuition Fees

10. Parent/Guardian Signature and Date

11. Director/Owner Signature and Date

Steps for Calculating SR Weekly rate

1. Complete Program Name
2. Complete Child's Full Name
3. Enter Parent/Guardians Full Name
4. Enter Weekly Private Pay Rate based off current Private Pay Rate Sheet
5. Enter the Weekly ELCHC Approved Reimbursement Rate
6. Subtract the Weekly ELCHC Approved Reimbursement Rate (#5) from the Weekly Private Pay Rate (#4) to get the Weekly Provider Tuition Fee
7. Enter the Parent Weekly Copay (found on the Payment Certificate in the DEL portal)
8. Enter the Weekly Provider Tuition Fee (#6)
9. Add the Parent Weekly Copay (#7) and the Provider Tuition Fee (#8) to get the Total amount due Weekly
10. Have Parent/ Guardian sign and date form
11. Director/ Owner signs and dates form

Please retain in child's records for up to Five (5) years as this is a requirement for School Readiness