

Saint Paul Early Childhood Family Education Payment Form

Today's Date: _____

Class Day: _____ Class Time: _____ 1st Semester 2nd Semester

Parent Name: _____ Phone: _____

Address: _____ Zip Code: _____

The actual cost per family for one semester is approximately \$1,600. Look at the suggested sliding fee scale and choose what your family can afford. No one will be turned away for inability to pay.

Gross Family Income	Fee	Gross Family Income	Fee
\$70,000 - 79,999	\$145	\$170,000 +	\$360
\$60,000 - 69,999	\$120	\$150,000 - 169,999	\$330
\$50,000 - 59,999	\$ 95	\$130,000 - 149,999	\$300
\$40,000 - 49,999	\$ 70	\$120,000 - 129,999	\$270
\$30,000 - 39,999	\$ 50	\$110,000 - 119,999	\$245
\$20,000 - 29,999	\$ 30	\$100,000 - 109,999	\$220
\$ 10,000 - 19,999	\$ 20	\$ 90,000 - 99,999	\$195
\$ 9,999 and below	\$ 10	\$ 80,000 - 89,999	\$170

- Refunds will be made through the third week of class.

Families who enroll and do not attend for three consecutive classes without notifying the staff will forfeit their place in class. Families on the waiting lists will be offered those places.

A 10% surcharge will be added for families residing outside of Saint Paul.

Please indicate your payment plan – Check all that apply	
<input type="checkbox"/> Pay total at Registration	\$ _____
<input type="checkbox"/> Pay on the installment plan – ½ at registration and ½ on or before the 8 th week of class.	First installment \$ _____
	Second installment \$ _____
	Total fee to be collected \$ _____
<input type="checkbox"/> SPONSOR CONTRIBUTION FOR ANOTHER FAMILY <i>Many families are unable to pay fees for ECFE. If you would like to support another family's participation in ECFE please indicate the tax deductible contribution you would like to make</i>	Registration fee (from above) \$ _____
	Sponsor amount \$ _____
	Total to be collected \$ _____

Please make check or money order payable to "Independent School District # 625."

Office Use Only Fee Waived

Date: _____ Circle: Cash or Check Check #: _____ Amount \$ _____

Date: _____ Circle: Cash or Check Check #: _____ Amount \$ _____