

## **Childcare Application for Discounted Fees**

The City of El Cerrito offers reduced rates for childcare programs to assist families in need of providing safe, high quality childcare programs for their children. Your information is kept confidentially.

## **Childcare/Preschool Programs:**

Children may receive reduced rates based on information provided (see below). Family households in the school-aged childcare program can qualify for a 30% discount or a 50% discount if their income meets the requirements.

Family households in the Teeter Tots program can qualify for a 25% discount if they are residents or qualify for resident rates if they are non-residents. We encourage your family to also look into receiving childcare subsidies from https://www.cocokids.org/.

## **APPLICATION PROCEDURES:**

To apply for a discount, fill out the attached form and submit **one** of the following options:

- 1. Proof that your family is receiving Food Stamps, CalWORKS assistance, TANF or WIC
- 2. A copy of your last Federal Income Tax Return showing that you fall under the following income eligibility guidelines:

Federal Income Eligibility Guidelines – Reduced price meals which qualify you for 30% off school-age childcare or 25% off of Teeter Tots for residents, and resident rates for non-residents:

Household Size	Weekly	Monthly	Annually
(including adults and children)			
2	\$620	\$2,686	\$32,227
3	\$782	\$3,386	\$40,626
4	\$943	\$4,086	\$49,025
5	\$1,105	\$4,786	\$57,424
6	\$1,266	\$5,486	\$65,823
7	\$1,428	\$6,186	\$74,222
8	\$1,589	\$6,886	\$82,621
For each additional	\$162	\$700	\$8,399
household member add:			

Federal Income Eligibility Guidelines – Free meals which qualify you for 50% off of school-age childcare or 25% off of Teeter Tots for residents, or resident rates for non-residents:

Household Size	Weekly	Monthly	Annually
(including adults and children)			
2	\$436	\$1,888	\$22,646
3	\$549	\$2,379	\$28,548
4	\$663	\$2,871	\$34,450
5	\$776	\$3,363	\$40,352
6	\$890	\$3,855	\$46,254
7	\$1,003	\$4,347	\$52,156
8	\$1,117	\$4,839	\$58,058
For each additional household member add:	\$114	\$492	\$5,902

Names of Children:				
Parent/Guardian (Please Print):	Email:			
Address:	City:	Zip:		
Cell Phone:Alte	ernate Phone:	Work/Home/Other		
Qualification for Discount:				
Income that meets the criteria above	9			
Receiving public assistance (check the	ne box that applies):			
Food Stamps CalWORKS TA	ANF WIC			
Please include any written documenta	ation that shows how you qu	ualify.		
THIS APPLICATION MUST BE RENEWED EVALUE of that the above information is true additional income not represented on this addocumentation to support the above staten understand that if I falsify any of the listed	and complete to the best of my application. I agree, if necessary nents. I understand that schola	y, to send additional information a irships are based on need.  I		
Parent/Guardian Signature		 Date		
Please tell us if you want to apply this scho	olarship towards School-Aged Cl	hildcare or Teeter Tots:		
	ition to recreation@ci.el-cer			
Quos				
	OFFICE USE ONLY			
Date Received:	_			
Date Applied:	-			
Parent Notified:	_			
Staff Initials:	-			
Expiration Date:				