

Preschool Fee Agreement



Minneapolis Public Schools (MPS) is required by state School Readiness law to establish a sliding fee scale for Preschool students. The sliding fee scale establishes a recommended amount of payment for service based on family income and family size. No child will be excluded because of a family's inability to pay. The fee for Preschool is waived for children who qualify for Educational Benefits or who receive special education services. Families that do not qualify for Educational Benefits will be charged based on the sliding fee scale. **Questions? Call 612-668-2140**

Child and Family Information (please print)

Preschool Child's Name: _____ Child's Birth date: _____
first middle initial last

Address: _____ City: _____ Zip Code: _____

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

Parent/Guardian Name: _____
last first middle initial

Parent/Guardian Email: _____

Please **CIRCLE** your monthly fee based upon your Gross Annual Income and Household Size below:

Gross Annual Income		Household Size							
		2	3	4	5	6	7	8	
0	\$36,482	Free	Free	Free	Free	Free	Free	Free	Monthly Fee for Full Day Program (1/2 Day Program will be half)
\$36,482	\$45,991	Free	Free	Free	Free	Free	Free	Free	
\$45,991	\$55,500	\$80	\$80	Free	Free	Free	Free	Free	
\$55,500	\$65,009	\$160	\$160	\$160	Free	Free	Free	Free	
\$65,009	\$74,518	\$240	\$240	\$240	\$160	Free	Free	Free	
\$74,518	\$84,027	\$320	\$320	\$320	\$240	\$160	Free	Free	
\$84,027	\$93,536	\$440	\$440	\$440	\$320	\$240	\$160	Free	
\$93,536	\$103,045	\$560	\$560	\$560	\$440	\$320	\$320	\$320	
\$103,045	\$112,554	\$680	\$680	\$680	\$680	\$560	\$560	\$560	
\$112,554 +		\$800	\$800	\$800	\$800	\$800	\$800	\$800	

Tuition Amount = Monthly Payment of \$800 per month for Full Day program (\$400 per month for 1/2 Day) for 9 months

Payment is due on the 20th of each month, beginning September 20.

According to the sliding fee scale, I should pay a fee of _____.

OR

According to the sliding fee scale, I should pay a fee of _____ but I am requesting fee assistance due to special family circumstances. I am able to pay _____. **MUST COMPLETE:** I am requesting fee assistance due to _____

OR

My child receives subsidized childcare and we pay a childcare co-pay. Please reduce my fee by childcare co-pay: Monthly fee (based on sliding fee): _____ - Childcare co pay: _____ = Monthly payment: _____

OR

My child qualifies/receives special education services (ECSE) based on their IEP from Minneapolis Public Schools (fees do not apply). **No child will be excluded because of their inability to pay.**

I certify that the above information is true and correct and that all income is reported. I understand that school district officials may ask to have the information on this application verified. Deliberate misrepresentation of this information will disqualify my child from participation in this program. I will notify the Early Childhood Education office if/when household income increases more than \$100.00 per month, or if family size changes.

Signature of Parent/Guardian

Date

Return completed form to school site or the Department of Early Childhood Education.

Minneapolis Public Schools • Department of Early Childhood Education • 1250 W Broadway Ave Minneapolis, MN 55411

For Office Use: School Site: _____ Student ID #: _____