

Name of Parent/Employee: _____ Employee # _____

Child's Name: _____

Elgin ISD Child Development Center

Payroll Deduction Form 2024-2025

I, _____, consent for payroll deduction or pay by check (if non-employee parent) for my child to attend the Elgin ISD Child Development Center for the amount of _____ per pay cycle or per month (non-employee parent).

(To Be Filled Out by the CDC) *Update Amount _____ per pay cycle or per month (non-employee parent).

Indicate below by circling your child's age.

Class	Age	Monthly	Semi Monthly	Daily
Infants	6 weeks thru 18 months	\$630.00	\$315.00	\$33.69
Toddler	19 to 35 months	\$510.00	\$255.00	\$27.27
Preschool	3-4 years	\$470.00	\$235.00	\$25.13
*IF NOT POTTY TRAINED, TODDLER RATE WILL APPLY				
Pre-K	3-5 years (Afterschool Program)	\$200.00	\$100.00	\$20.00

(Payroll runs a month behind – example: If your child starts on August 1th the first withdrawal will be on September 15th paycheck. Last payroll deduction is normally on June 30th.) These posted rates are prorated rates – 20 payments for the school year.

Late Pick-Up Fee, Summer Care and Full Day Rate for Pre-K Afterschool Program will be charged separately.

Parent/Employee Signature

Date

To Be Filled Out by CDC Office Personnel:

For payroll deductions only: Start Date: _____

End Date: _____

*Update Amount Start Date: _____

End Date: _____

Initial for: Setup: _____ Date: _____

*Update: _____ Date: _____

Comments:

