

August 19, 2025

TO: Parents and Guardians

FR: Gregg Blackstone, Business Manager

RE: Before and Aftercare (BAC) Fee Financial Assistance for the 2025-2026 School Year

Magnet Schools is offering financial assistance for Before and After Care fees to families who qualify based the income guidelines used for our PreK tuition. Please see the FAQs on the next page to determine if your household income is within the family size limit, then apply using the attached form. All required documentation **MUST** be provided or your financial assistance application will not be accepted.

BAC fees are payable online via e-check, debit, or credit card through your MySchoolBucks account (<https://www.myschoolbucks.com/ver2/login/getmain.action>).

Please contact the administrative staff at your child's school if you have any questions about the BAC fee financial assistance.

Sincerely,



Gregg A. Blackstone
Business Manager
CREC Magnet Schools
CREC (Capitol Region Education Council)
111 Charter Oak Avenue, Hartford, CT 06106

FAQs - Before & After Care (BAC) Fee Financial Assistance for 2025-26

1) What are State Median Income guidelines to determine if families qualify for the BAC financial assistance?

See below:

Family Size:	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
75% of State Median Income	\$74,384	\$91,886	\$109,389	\$126,891	\$144,393	\$147,675	\$150,956

2) How often will families be asked to verify their income?

Every school year at the time of enrollment.

3) What are the BAC fee amounts?

Regular program fees are as follows:

Program	Fee per child	Fee per child with Financial Assistance
Before Care Only	\$1,734	\$867
After Care Only	\$3,058	\$1,529
After Care – Half Days Only	\$408	\$204
Before and After Care	\$4,792	\$2,396

Please check with your child's school for program availability.

4) How will CREC invoice families for the fee?

CREC will invoice families directly for the total BAC fee amount, and families will have the option to pay in full or on a monthly basis either by check or online using MySchoolBucks.

5) If a family is at or below the 75% SMI, how are they ensured that they are eligible for financial assistance?

At the time of enrollment, families who are at or below 75% of the SMI will complete a CREC Magnet School Before & Aftercare Fee Financial Assistance Form for 2025-26 school year, and will be asked to provide the required income verification documentation. Forms will be available at the time of registration.

Before & Aftercare Fee Financial Assistance Form & Income Verification 2025-2026 School Year

CREC MAGNET SCHOOL: _____	
Student Name:	Student Birthdate:
Parent/Guardian Name:	Town of Residence:
Telephone Number:	Email Address:

Please circle family size below:

Family Size:	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
75% of State Median Income	\$74,384	\$91,886	\$109,389	\$126,891	\$144,393	\$147,675	\$150,956

A. INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME

List **all** other adults **18 and over** living in your home. Include your spouse and any relatives and non-relatives who live in your home.

First Name, Middle Initial, Last Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number (optional)	Is this person a parent of child living in the home?
1.	____/____/____	☐ M ☐ F		____-____-____	☐ YES ☐ NO Name of Child
2.	____/____/____	☐ M ☐ F		____-____-____	☐ YES ☐ NO Name of Child

Are any of the other adults listed above an active member of the United States Military? ☐ YES ☐ NO If YES, check the box and provide the name of the other adult(s): ☐ Active Duty U.S. Military ☐ National Guard Military Reserve

B. INCOME INFORMATION

Send verification of all earned and unearned income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s) or a letter from your employer. If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
Gross Wages (before taxes) and Frequency	\$ _____ *per wk bwk sm mo (circle one)	\$ _____ *per wk bwk sm mo (circle one)	\$ _____ *per wk bwk sm mo (circle one)	\$ _____ *per wk bwk sm mo (circle one)
Self-Employment	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)
DCF Stipend	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Social Security Income	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Unemployment Compensation	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
Other Income (i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)	\$ _____ Type: _____ *per wk bwk sm mo (circle one)	\$ _____ Type: _____ *per wk bwk sm mo (circle one)	\$ _____ Type: _____ *per wk bwk sm mo (circle one)	\$ _____ Type: _____ *per wk bwk sm mo (circle one)

*KEY: per: wk (weekly), bwk (bi-weekly), sm (semi-monthly), mo (monthly)

Does your household have assets that exceed \$1 million in value? ☐ YES ☐ NO

C. AGREEMENT AND SIGNATURE

My gross annual household income falls at or below 75% State Median Income and therefore I am requesting BAC financial assistance. I understand and agree that I must report changes in my situation to my student's CREC magnet school within 10 days of the change for the following: change in address, or household income over 75% of the State Median Income. I further understand that if I do not cooperate fully by completing all required paperwork and submitting all required documentation according to the predetermined timelines, I will be responsible to pay the full Before & Aftercare fee for the 2025-26 school year.

I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Signature of other legally responsible adult living with you (i.e. spouse, child's parent, etc.)

Other Signature: _____ Date: _____