Fee Reduction Claim Form

Date:_____ Month: _____

Care Provider: _____

Infants	Program Fee	Days Enrolled	Parent Paid Reduced Fee
Toddler			
Preschool Part Day			
Preschool Full Day			
School Age Full Day			

School Age BS&AS			
School Age BS or AS			

Please include any details that may help clarify the information provided above

Please include photos of your attendance sheets for office administration purposes.

I, the undersigned do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. I certify that I am the Care Provider responsible for the above listed children.

Name:	Signed:
Title	Date:
Email address:	