

Care Provider: _____

Fee Reduction Report Period: _____



Child's Name	Category I, T, P, SA	Program Fee	Parent Paid Reduced Fee	Total days Enrolled
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Family Home Childcare Fee Reduction Amounts
Infant \$17.00 Toddler, Preschool and School Age FD \$ 16.50 After School only \$4.00 , Before School only \$3.00 Before <i>and</i> After School \$6.00

Template V1

Please send form to Billie Jo: billiejofamilymatters@gmail.com
Fee reductions are due by **9 am on the due date**. This ensures we have enough time to process.