



Family Fee Agreement

Eligible families: Please see reverse side of this sheet for fee waiver form.

I have reviewed the parent fee policy and agree to pay Satellite Family Child Care quarterly fees as indicated on the schedule.

Parent's Signature

Date

Please print your name here

Provider

Quarterly Fee Rates: Parents are charged a quarterly parent membership fee based on the number of hours a child is in care. Fees for one child in care are:

10 hours or less per week	\$1.15 per week	\$15.00 per quarter
11-34 hours per week	\$1.70 per week	\$22.00 per quarter
35 hours or more per week	\$2.70 per week	\$35.00 per quarter

Quarterly fees for more than one child in care from the same family are charged at 50% of the rate for the first child.

Families pay a one-time enrollment fee of \$20. This fee is non-refundable, and never needs to be repaid, even if a family enrolls another child in a Satellite home, or terminates and re-enrolls later.

Request For Family Fee Waiver

Our family is eligible for a Satellite fee waiver because (check one):

_____ We receive child care assistance from the City of Madison.

_____ We receive child care assistance from Dane County.

_____ Our family's gross income (before taxes) is equal to or less than:

Family Size	Monthly Income	Annual Income
2	\$2,158	\$25,900
3	\$2,713	\$32,560
4	\$3,268	\$39,220
5	\$3,823	\$45,880
6	\$4,378	\$52,540
7	\$4,933	\$59,200
8	\$5,488	\$65,860
9	\$6,043	\$72,520
10 or more	\$6,598	\$79,180

I agree to begin paying Satellite fees when I am no longer eligible for a fee waiver.

Parent Signature

Date

Please print your name

Provider's name

If not eligible for waiver, please see reverse side of this sheet for fee agreement form.