

2010 Peralta After School Program (ASP) Rate Sheet

Directions: Using the scale below, look at the top row and find the number that corresponds to the number of people living in your household. Then look down the column and find the box that matches your GROSS (before taxes) household annual income. Then look to the left and see what category you are in: full cost, moderate, reduced or low. Decide on how many days/week your child(ren) will attend ASP. Using the charts below, find your category and see what your monthly program fee will be for your child(ren). We are providing a discount if you have more than one child in the program. NOTE: There is one rate for the Early Morning Care regardless of income.

Income categories are based on GROSS ANNUAL INCOME (before taxes) & Family Size					
Persons in Family/ Household	2	3	4	5	6
Full Cost	over \$60,000	over \$66,000	over \$72,000	over \$78,000	over \$84,000
Moderate	\$40,001-\$60,000	\$46,001-\$66,000	\$52,001-\$72,000	\$58,001-\$78,000	\$64,001-\$84,000
Reduced	\$25,001-\$40,000	\$31,001-\$46,000	\$37,001-\$52,000	\$43,001-\$58,000	\$49,001-\$64,000
Low	\$15,000-\$25,000	\$21,000-\$31,000	\$27,000-\$37,000	\$33,000-\$43,000	\$39,000-\$49,000
Scholarship	less than \$15,000	less than \$21,000	less than \$27,000	less than \$33,000	less than \$39,000

Monthly Program Fees for 5 days/week		
Family/Household	Cost for First Child	Additional Child
Full cost	\$325	\$195
Moderate	\$200	\$120
Reduced	\$100	\$60
Low	\$50	\$30
Scholarship	\$0	\$0

Monthly Program Fees for 4 days/week		
Family/Household	Cost for First Child	Additional Child
Full cost	\$273	\$164
Moderate	\$168	\$101
Reduced	\$84	\$50
Low	\$42	\$25
Scholarship	\$0	\$0

Monthly Program Fees for 3 days/week		
Family/Household	Cost for First Child	Additional Child
Full cost	\$208	\$125
Moderate	\$128	\$77
Reduced	\$64	\$38
Low	\$32	\$19
Scholarship	\$0	\$0

Monthly Program Fees for 2 days/week		
Family/Household	Cost for First Child	Additional Child
Full cost	\$150	\$90
Moderate	\$92	\$55
Reduced	\$46	\$28
Low	\$23	\$14
Scholarship	\$0	\$0

Monthly Program Fees for 1 days/week		
Family/Household	Cost for First Child	Additional Child
Full cost	\$91	\$55
Moderate	\$56	\$34
Reduced	\$28	\$17
Low	\$14	\$8
Scholarship	\$0	\$0

Early Morning Care (7:30-8:30AM)		
Monthly Program Fees		
Family/Household	Cost for First Child	Additional Child
ALL	\$80	\$60
Daily Program Fees		
Family/Household	Cost for First Child	Additional Child
ALL	\$5	\$4

Please complete the following using the directions and charts above:

Please state the number of people in your household: _____

Please state the total GROSS monthly income for your household: _____

Please state the number of students enrolled in the Summer Program: _____

After School Program

Number of days per week enrolled _____

First Child ASP rate = _____

Sibling rate _____ X # of siblings _____ = _____

TOTAL ASP MONTHLY FEE _____

Early Morning Care (EMC)

Number of days per week enrolled _____

First Child EMC rate (monthly or daily rate) _____ ----- X # of days/month _____

Sibling EMC Rate (monthly or daily rate) _____ X # of siblings _____ = _____

If using a daily rate, the number of days per month will be projected and the monthly fee calculated before the beginning of the month.

TOTAL EMC MONTHLY FEE _____