

Effective January 1, 2010

Sliding scale tuition assistantships are available ONLY for parent fees. Sliding Scale rates will be issued based on family income level (gross monthly or annual income). Sugar Grove Developmental Day School does not discriminate based on race, sex, color, creed, national origin, age or disability. Tuition assistantships **will not** be awarded to any family who currently receives another source of subsidy or is eligible for another source of subsidy.

Group	Monthly Gross Income	Annual Gross Income	Infants & Toddlers	Two Years	Three – Five Years	School Age
A	Less than \$2,500	Less than \$30,000	\$565	\$525	\$515	\$490
B	\$2,500 - \$3,499	\$30,000 - \$41,999	\$615	\$590	\$575	\$500
C	\$3,500 - \$4,499	\$42,000 - \$53,999	\$665	\$640	\$625	\$510
D	\$4,500 - \$5,499	\$54,000 - \$65,999	\$705	\$675	\$630	\$520
E	\$5,500 - \$6,499	\$66,000 - \$77,999	\$740	\$685	\$650	\$530

Family Discount Remains Unchanged

Families with more than one child attending SGDDS **full-time** are eligible for \$100 discount from above tuition rates per each additional child, if the family is not currently receiving another source of subsidy or is eligible for another source of subsidy.

1/1/2010 New Daily Rate = \$40/day

**Sugar Grove Developmental Day School
Sliding Scale Tuition Application Form**

Date Submitted: _____

Sliding Scale Tuition will be adjusted based on family income level. SGDDS does not discriminate based on race, sex, color, creed, national origin, age, or disability. Sliding Scale Tuition **will not be awarded to any family who currently receives another source of subsidy or is eligible for subsidy.**

Parent Information:

Parent Name: _____

Address: _____

Phone: _____

Child(ren) Information:	
Child's Name: _____	SSN: _____
Date of Birth: _____	# of Children enrolled in SGDDS: _____

Household Income: Please list other adults living in your household, their relationship to you, and their income. Also, list any additional children living in your household.

Names of Household Members	Monthly or Annual Gross Wages (circle M or A)	Other Income (Child support, social security, etc.)

I certify that all of the above information is true and correct and that all income is reported. If asked, I will produce verification of income. If income verification does not match data reported on the sliding scale application form, I understand that I will be required to pay the difference since the date of initiation of the sliding scale program.

Signature of Parent or Guardian: _____

For SGDDS only: To be classified by SGDDS Director or Treasurer/Bookkeeper.

Total Household Size: _____ Total Household Monthly Income: _____

Total Sliding Scale Tuition per child: _____ **Total Parent Fee:** _____

SGDDS Signature: _____ Date: _____