



CHILD CARE ASSESSMENT SHEET
2026-2027

_____ / _____ / _____
 (Student I.D. #) (Last Name) (First Name)

I give permission for the Financial Aid Office to release information on my income and financial aid.

 (Student Signature) (Date)

TO BE COMPLETED BY THE FINANCIAL AID OFFICE with a copy of your tax return

Household Size: _____ Total family income: \$_____ Tax Year: 2024.

Students with incomes for 2024 falling within guidelines below are considered to be economically disadvantaged and should be considered for lower day care rates.

Number in Household	Adjusted Gross Income
1	\$23,475
2	\$31,725
3	\$39,975
4	\$48,225
5	\$56,475
6	\$64,725
7	\$72,975
8	\$81,225
Each Additional Member, add	\$8,250

<p align="center"> INFANTS AND TODDLERS \$8.10 - \$16.20 PER HOUR PRESCHOOLERS \$7.45 - \$14.85 PER HOUR </p>
--

 (Financial Aid Signature) (Date)

NONE OF THE ABOVE : _____
 (Financial Aid Signature) (Date)