

## 2022-2023 Financial Assistance Application

### Ashland Public Schools Preschool Sliding Scale Application Information

The School Committee has set Preschool Tuition for the school year 2022-2023 as follows:

3 Year Old Half Day	Monday thru Thursday	\$	3,590
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4 Year Old Half Day	Monday thru Friday	\$	4,478
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3-5 Year Old Multi-Ages/Full Day	Monday Thru Friday	\$	10,934
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4 Year Old Full Day	Monday thru Friday	\$	10,934
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Tuition is a yearly fee. It can be paid through ten monthly payments starting July 1<sup>st</sup> through April 1<sup>st</sup>.

These payments are due monthly by the first of each month. A late fee of \$20.00 will be incurred on the 10<sup>th</sup> of each month for any late payments.

#### **Eligibility:**

Parents may pay a reduced fee according to their gross income level and family size.

#### **Application:**

If you are interested in applying please complete the application, add copies of the required documents/information and return the completed packet to the William Pittaway School.

If you need to know if you qualify for the sliding scale and what the payment amount will be before the first payment is required you must have your information in to the William Pittaway School as soon as possible.

#### **You will need all of the following documentation**

- 1) A copy of your Preschool Registration Form.**
- 2) Income verification: Four (4) weeks most recent consecutive pay stubs from each employed family member. This includes Social Security Income, if applicable and child support.**
- 3) Copy of most recent Income Tax Form 1040, complete with attachments.**

**4) If a single parent: in addition to the above information, must also supply one of the following:**

- **Copy of child support check**
- **Court order of child support**

**Note: Your application cannot be processed until all information is complete.**

**If you have any further questions, please feel free to call the Pittaway School Office (508- 881-0160)**

**Thank you,**

**Sara Davidson**  
Director

**Donna Lowell**  
Preschool Secretary

**PRESCHOOL TUITION SLIDING SCALE 2022-2023**

**SLIDING SCALE:**

	<b>Two Family</b>	<b>Three Family</b>	<b>Four Family</b>	<b>Five Family</b>	<b>Six Family</b>
	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>
	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>
Tuition Amount 0%	\$44,626 or Below	\$55,126 or Below	\$65,626 or Below	\$76,126 or Below	\$86,627 or Below
Tuition Amount 50%	\$44,627 to \$75,862	\$55,127 to \$93,713	\$65,627 to \$111,563	\$76,127 to \$129,413	\$86,628 to \$147,264
Tuition Amount 85%	\$75,863 to \$89,251	\$93,714 to \$110,251	\$111,564 to \$131,251	\$129,414 to \$152,251	\$147,265 to \$173,253
Tuition Amount 100%	\$89,252 or above	\$110,252 or above	\$131,252 or above	\$152,252 or above	\$173,254 or above

**SLIDING SCALE:**

	<b>Seven Family</b>	<b>Eight Family</b>	<b>Nine Family</b>	<b>Ten Family</b>	<b>Eleven Family</b>
	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>	<b>Annual Gross</b>
	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>	<b>Income Is:</b>
Tuition Amount 0%	\$88,595 or Below	\$90,564 or Below	\$92,533 or Below	\$94,502 or Below	\$96,470 or Below
Tuition Amount 50%	\$88,596 to \$150,611	\$90,565 to \$153,958	\$92,534 to \$157,304	\$94,503 to \$160,652	\$96,471 to \$163,998
Tuition Amount 85%	\$150,612 to \$177,189	\$153,959 to \$181,127	\$157,305 to \$185,065	\$160,653 to \$189,003	\$163,999 to \$192,939
Tuition Amount 100%	\$177,190 or above	\$181,128 or above	\$185,066 or above	\$189,004 or above	\$192,940 or above

**EXAMPLE ONLY:**

FY2022-2023

**THE SLIDING SCALE TUITION AMOUNT TO BE PAID BY FAMILIES:**

	<b>Annual Tuition</b>	<b>0%</b>	<b>50%</b>	<b>85%</b>	<b>100%</b>
3 Year Old Half Day Monday thru Thursday	\$ 3,590	\$ -	\$ 1,795	\$ 3,052	\$ 3,590
4 Year Old Half Day Monday thru Friday	\$ 4,478	\$ -	\$ 2,239	\$ 3,806	\$ 4,478
3-5 Year Old Multi-Ages/Full Day Monday Thru Friday	\$ 10,934	\$ -	\$ 5,467	\$ 9,294	\$ 10,934
4 Year Old Full Day Monday thru Friday	\$ 10,934	\$ -	\$ 5,467	\$ 9,294	\$ 10,934

**Ashland Preschool Program**

75 Central St  
Ashland MA 01721  
(508) 881-0160

**REQUEST FOR VERIFICATION OF EMPLOYMENT AND INCOME**

**Date:**

**To: (Employer Name)**

**Address:**

**From (Employee)**

**I have applied for a child care subsidy and have stated that I am employed by you. My signature below authorizes verification and release of this information.**

**Print Name**

**Signature**

**Below To be filled out by employer**

**Start Date of Employment:**

**Hourly Rate: \$**

**Number of Hours Worked Weekly:**

**Applicant's Current Gross Weekly Income for the last four weeks**

**Week Ending:**

**Gross Income: \$**

**Week Ending:**

**Gross Income: \$**

**Week Ending:**

**Gross Income: \$**

**Week Ending:**

**Gross Income: \$**

**Employer's Name (PRINT)**

**Employer's Signature:**

**Title:**

**Employer's Telephone:**

# Ashland Preschool Reduced Fee Application/Agreement

Date \_\_\_\_\_

## 1. Adult Information:

Name:	Telephone #
Relationship to child:	Work #
Address:	
Place of Employment	
Work Schedule	

## 2nd Parent/Guardian:

Name:	Telephone #
Relationship to child:	Work #
Address:	
Place of Employment	
Work Schedule	

## 2. List Children

Name \_\_\_\_\_ DOB: \_\_\_\_\_    Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_    Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_    Name \_\_\_\_\_ DOB: \_\_\_\_\_

## 3. Total Gross Monthly Income, before taxes:

Monthly wages from all contributing adults: _____ (Weekly wage x 4.3)	
Child Support/alimony:	
SSI:	
Other Household Income:	
<b>Total <u>Gross</u> Monthly Income:</b>	

**I certify under penalty of perjury that the information provided is correct and complete to the best of my knowledge. Lack of full disclosure will terminate eligibility. I will report any change in income, and/or family size within five (5) business days. I agree to pay all fees to the Preschool Program. The information requested on this form is used to determine eligibility and fees. It will be held strictly confidential under MA statutes and regulations.**

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parent/guardian signature

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Date

*Return to*  
**Ashland Preschool Program**  
**75 Central School**  
**Ashland MA 01721**