

Y Early Childhood Program for UVM Medical Center

2018 - 2019 Application for Enrollment

MAIL TO: UVM Medical Center ATTN: HR Administration
1 South Prospect Street, Burlington, VT 05401

Fee Scale (Daily Rates) effective August 27, 2018

Tuition typically increases 2-5% each school year

Annual Family Income	Under \$40,001	\$40,001-\$55,000	\$55,001-\$70,000	Above \$70,000
Sprouts (Infants) Turtles	\$44.20/day	\$49.60	\$53.60	\$59.00
Ducks (Toddlers) Frogs	\$44.20	\$49.60	\$53.60	\$59.00
Pegasus (PreK) Bobcats	\$42.60	\$47.80	\$51.60	\$56.80

- Income verification is required to determine fee scale eligibility for those who have a family income below \$70,000 annually.
- All fees are paid through UVMHC payroll deductions unless otherwise approved by the Program Director and UVMHC Human Resources.
- Child Care Financial Assistance is deducted from the highest tuition tier: parents are responsible for the difference between that rate and what is provided in subsidy from the Vermont Child Development Division.

Name of Child _____ Age _____ DOB _____ Gender _____

Siblings' names and DOB (please complete separate forms for each child):

Parent 1/UVMHC Employee **Employee ID # (not the m number)** _____

Parent 1 Name _____ DOB _____ Address _____

Mailing Address _____ City _____ Zip _____

Home Address (if different) _____ Home Phone _____

Phone _____ Cell Phone _____ Parent Email Address _____

Parent Employment _____ Address _____ Phone _____

UVMHC Department _____ Hire/Start Date _____

Manager's Name and Phone Number: _____

Parent 2 Name _____ DOB _____ Address _____

Phone _____ Cell Phone _____ Parent Email Address _____

Parent Employment _____ Address _____ Phone _____

Requested Days (Priority given to full-time requests in Infant/Toddler classrooms) : M T W TH F

FOR OFFICE USE ONLY

START DATE _____ GROUP _____

DAYS PER WEEK ATTENDING: M T W TH F

WEEKLY TUITION _____ DAILY FEE _____ SIBLING DISCOUNT _____ APPLICATION IN COMPUTER _____