



High Five Fee Agreement

- Early Childhood Education -

For Office Use:

School Site: _____

Student ID #: _____

Child and Family Information (please print)

High Five Child's Name: _____ Child's Birth date: _____
first middle initial last

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____
first middle initial last

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first middle initial last

Check the box that applies: Payment is due on the 10th of each month, beginning September 10.

Full Tuition Amount = Monthly Payment of \$360 per month for ½ day program (\$720 per month for Full Day) for 10 months
OR

My child qualifies/receives special education services from Minneapolis Public Schools (fees do not apply)
OR

I am requesting sliding fee assistance. (Please CIRCLE fee based on Income and Household size in Sliding Fee Scale below)
Total household size: _____ Total annual income: _____ = Monthly fee _____

Please CIRCLE your monthly fee based upon your Gross Annual Income and Household Size below:

Gross Annual Income		Household Size							
		2	3	4	5	6	7	8	
0	\$30,044	Free	Free	Free	Free	Free	Free	Free	Monthly Fee for ½ day Program (Full Day Program will be double)
\$30,044	\$37,777	Free	Free	Free	Free	Free	Free	Free	
\$37,777	\$45,510	\$20	\$20	Free	Free	Free	Free	Free	
\$45,510	\$53,243	\$40	\$40	\$40	Free	Free	Free	Free	
\$53,243	\$60,976	\$80	\$80	\$80	\$40	Free	Free	Free	
\$60,976	\$68,709	\$120	\$120	\$120	\$80	\$40	Free	Free	
\$68,709	\$76,442	\$180	\$180	\$180	\$120	\$80	\$40	Free	
\$76,442	\$84,175	\$240	\$240	\$240	\$180	\$120	\$120	\$120	
\$84,175	\$105,000	\$300	\$300	\$300	\$300	\$240	\$240	\$240	
\$105,001 +		\$360	\$360	\$360	\$360	\$360	\$360	\$360	

OR

My child receives subsidized childcare and we pay a childcare co-pay. Please reduce my fee by co-pay:
Monthly fee (based on sliding fee): _____ - Childcare co pay: _____ = Monthly payment: _____

OR

According to the sliding fee scale I should pay a fee, but I am requesting a fee waiver due to special family circumstances.

MUST COMPLETE: I am requesting a waiver of High Five Fees due to _____
No family will be excluded because of their inability to pay.

I certify that the above information is true and correct and that all income is reported. I understand that school district officials may ask to have the information on this application verified. Deliberate misrepresentation of this information will disqualify my child from participation in this program. I will notify the Early Childhood Education office if/when household income increases more than \$100.00 per month, or if family size changes.

Signature of Parent/Guardian _____

Date _____

Send completed form to school site or:

Early Childhood Education Department ❖ Minneapolis Public Schools ❖ 1250 W Broadway Ave, Minneapolis, MN 55411 Questions? Call 612-668-0946