

State Scholarship Agreement

Your family has been approved to receive childcare tuition assistance through the State of New Hampshire Scholarship Program. Please note the following:

- The state does not cover registration fees. This is the family’s responsibility and due at the time of registration.
- The state does not cover deposits. This is the family’s responsibility.
 - Payment plans are available for deposits at \$25 per week, per child, until the deposit is paid in full.
 - Any overpayment made by the state will be credited to your account or refunded to you after all payments from the state are received when termination of care occurs and a written 30 day notice is provided.
- Attendance sheets will be emailed to you each week for the previous week’s hours. Attendance sheets must be:
 - Adjusted (if needed)
 - Signed by the subscriber
 - Emailed to straffordkindercampus@gmail.com within one week
 - Failure to complete the above will result in your account being charged full tuition for that week.
- Your cost share, as identified by the state, is deducted from the maximum amount the state will pay. Please see below.

Please follow the examples below for clarification of state scholarship funds.

Licensed Child Care Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	Birth – 17	\$295.00
Full Time	18 – 35	\$273.75
Full Time	36 – 78	\$240.83
Full Time	79 - 155	\$228.75
Half Time	Birth – 17	\$228.39
Half Time	18 – 35	\$211.94
Half Time	36 – 78	\$186.45
Half Time	79 - 155	\$177.10
Part Time	Birth – 17	\$114.19
Part Time	18 – 35	\$105.97
Part Time	36 – 78	\$93.23
Part Time	79 - 155	\$85.55

Authorized Service Level	
Full-time Service Level	31 or more hours per week
Half-time Service Level	Greater than 15 but less than or equal to 30 hours per week
Part-time Service Level	1 to 15 hours per week

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Example: Your child is 48 months old. You have been awarded a Half-Time Service Level. Your child attends 3 days per week, with a total tuition of \$156.00. Your cost share is \$12.00 per week. Since the awarded amount is \$186.45, your entire tuition will be paid, minus your \$12.00 cost share. The state will pay \$144.00, and you will pay \$12.00 per week.

Example: Your child is 30 months old. You have been awarded a Full-Time Service Level. Your child attends 5 days per week, with a total tuition of \$275.00. Your cost share is \$20.00 per week. Since the awarded amount is \$273.75, your cost share would be deducted from that amount. The state will pay \$ 253.75 and you will pay \$21.25 per week.

Example: Your child is 18 months old. You have been awarded a Part-Time Service Level. Your child attends 2 days per week, with a total tuition of \$124.00 per week. Your cost share is \$0.00 per week. Since the awarded amount is \$105.97 and you do not have a cost share, the state will pay \$105.97 and you will pay \$18.03.

Please note: If you have opted for a payment plan for your deposit, your \$25 payment per child will be added to your weekly payment amount, until your deposit is paid in full.

Please sign below in recognition of your understanding of the following:

- The state does not cover registration fees or deposits.
- Your cost share, remaining tuition amount, and/or payment plan payments for each child are due on Monday of each week, and will be automatically processed, according to your Tuition Express Payment Contract.
- Attendance sheets will be emailed to you each week and must be adjusted, signed, and emailed to straaffordkindercampus@gmail.com within one week. (If you do not receive your weekly attendance sheet by Wednesday, please email the above address requesting your child's attendance sheet.
- How Scholarship funds and cost share amounts are applied to your account.
- Scholarship award amounts and cost share amounts are determined by the State of New Hampshire. Any questions about awarded funds, approved dates, service level, or cost share should be directed to the state.
- You may review your account balance at any time at www.myprocare.com.
- At your request, a report will be made available to you with the dollar amounts that Strafford KinderCampus has received from the State of New Hampshire, on behalf of your child each week.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Subscriber Name: _____

Signature: _____ Date: _____