

City of Bridgeport
 Department of Health and Social Services
 LIGHTHOUSE PROGRAM

2024 - 25 AFTERSCHOOL - PAYMENT SCHEDULE PER HOUSEHOLD

Gave parent a copy: _____

School Site: _____

Date Registered: _____

Parent/Guardian: _____

Household Income: _____

Phone Number: _____

of Persons in Household: _____

Total Payment Due For The Year Per Household: _____



% USDA Poverty Guideline: (CIRCLE ONE)
 Cost Per Child Per Week: Below 185% USDA income = \$5 Over 185% USDA income= \$10 OVER 210%= \$15
 (FULL PRICE APPLIES IF NO PROOF OF HOUSEHOLD INCOME)

Student's Name	Total Amount Due Per Child	\$25 Paid Regist. Fee	(MONTHLY FEE PAYMENT SCHEDULE)												
			AFTERSCHOOL - TOTAL 37 WEEKS												
	4 weeks Sept.	4 weeks Oct.	4 weeks Nov.	3 weeks Dec.	5 weeks Jan.	4 weeks Feb.	4 weeks Mar.	3 weeks Apr.	5 weeks May	1 week June	Balance				
Total:															
Monthly Cost:															
Balance Due:															

Special Notes: (On scholarship, dropped out, etc...)

Paperwork on File: (check one)
 Tax Filing Household Pay Stubs
 State Document Nothing