



West Suburban Special Recreation Association
Lekotek Family Fee Sliding Scale Application

Child's Name _____

Parent's Name _____

Monthly Income of Father _____

Monthly Income of Mother _____

TOTAL FAMILY INCOME _____

AND/OR

Monthly public assistance _____

+ Monthly medical assistance _____

X12= TOTAL INCOME _____

FAMILY SIZE _____

Based on sliding scale, fee is _____ every year.

I agree that the information that I have provided is accurate.

Parent _____
(Signature)

Date _____

Approved by _____
Robert A. Foster, Superintendent of Safety & Operations

Date _____