



Sliding Scale Fee

Member of Red Brush Christian Church? Y N

Families' Combined Annual Income: _____

Total Number of people in the household: _____

<i>Combined Family Income</i>	<i>Number in Household</i>			
	(Annually)	1 or 2	3 or 4	5 or more
0-\$20,000		40	35	30
\$20,000-\$24,999		45	40	35
\$25,000-\$29,999		50	45	40
\$30,000-\$34,999		55	50	45
\$35,000-\$39,999		60	55	50
\$40,000-\$44,999		65	60	55
\$45,000-\$49,999		70	65	60
\$50,000-\$54,000		75	70	65
\$55,000-\$59,999		80	75	70
\$60,000-\$64,000		85	80	75
\$65,000-\$69,999		90	85	80
\$70,000-\$74,000		95	90	85
\$75,000 and up		100	95	90

Total Fees Per Session: _____