

CHILDCARE COST ANALYSIS

FY 2024 Budget Plan

Child Name: _____

Date: _____

Provider: _____

Schedule: _____

EXPENSE DESCRIPTION	BUDGETED AMOUNT	NOTES / FREQUENCY
Base Tuition / Enrollment	\$	Weekly / Monthly
Registration & Activity Fees	\$	Annual / One-time
Meals & Formula	\$	
Diapers & Hygiene Supplies	\$	
Transportation / Fuel	\$	
Supplies & Clothing	\$	
After-Hours / Late Fees	\$	Emergency Fund
Total Estimated Costs	\$	

Monthly Total **\$ 0.00**
Tax Credit Deduction **\$ 0.00**

Net Cost \$ **0.00**

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