Family Child Care Budget EXAMPLE		LE											
INCOME	Jan	Feb	Mar	Anr	May	lun	Jul	Λιισ	Sep	Oct	Nov	Dec	TOTAL
	Jan	Гер	Iviai	Apr I	Iviay	Jun I	Jui	Aug	Sep	T	INOV	I Dec	T
Fees/ List the individual child name							<u> </u>	<u> </u>					
Smith John		l	T T	I	I	I	1	1		T T	I	I	Т
Sanchez, Sonia		<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>		<u> </u>			
Other income : Late Fee/ Registration Smith John		Γ	Γ	l	l	Γ	1	<u> </u>		Γ	Γ	l	T
Other Income: Grants/Scholarships CCAP Reimbursement		Ī		I	I	Ī	l	l				I	Т
							<u> </u>	<u> </u>					
Parent Aware Grant		Ī		I	I	Ī	l	l				I	Т
Regional Grant													
Start -Up Grant		<u> </u>	<u> </u>	l	l	<u> </u>	1			<u> </u>	1	l	1
COVID Emergency Grants													
TOTAL INCOME		1	ı	I	I	ı	ı	1		ı	T	I	<u> </u>
						L	L	L .					
EXPENSES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Activities - Vendors													
Cable/Internet/Landline		1	ı	I	I	ı	ı	1		ı	T	I	<u> </u>
Cleaning supplies/ Equipment		L					L	L					
Learning Materials/Toys		T	T	I	I	T	1	1		T	T	I	1
Curriculum/ Accrediations/ Assesments													
Food		T	T	I	I	T	1	1		T	T	I	1
Home Repair & Maintance													
Licensing Fee		1	1	1	ı	1	ı	ı		1	1	1	
Office Supplies/ Equipment/ Accountant													
Advertising & Marketing		1	1	ı	1	1	<u> </u>	<u> </u>		1	1	1	
Professional Development / Trainings													
Property/ Liability Insurance				T	T							T.	
Real Estate Taxes (Time/Space)													<u></u>
Utilities (Time/Space)				ī	1								
Credit card fees/ Bank Fees							<u> </u>						
Owner - Pay yourself			•							•	•		
Substitutes/ Other staff													
TOTAL EXPENSES			_							_			
NET PROFIT (Income - Total Expenses)													