## Childcare Rate Sheet

Name:		
Address:		
City:	State:	Zip:
Phone #:	Email:	

AGES	FULL TIME WEEKLY RATE (more than 6 hours a day)	ELC Max Reimbursable FULL TIME RATE	PART TIME WEEKLY RATE (less than 6 hours a day)	ELC Max Reimbursable PART TIME RATE
Infant (0-11 months)	\$	\$	\$	\$
Toddler (12 – 23 months)	\$	\$	\$	\$
2 year olds	\$	\$	\$	\$
3 year olds	\$	\$	\$	\$
4 year olds	\$	\$	\$	\$
5 year olds	\$	\$	\$	\$
School Age	\$	\$	\$	\$

## **Additional Fees:**

Item:	Amount:	Frequency (daily, weekly, monthly, annually, on occurrence)
	\$	
	\$	
	\$	
	\$	