

STATEMENT OF PRIVATE CHILD CARE RATES

Effective Date: _____

Name of Provider: _____ License Number: _____

Address: _____

Please complete the following chart for each age group that you wish to serve under your School Readiness contract with Early Learning Coalition of **Early Learning Coalition of Indian River, Martin & Okeechobee Counties**. Note that if you do not offer a care level or full time/part time, **please mark N/A**.

Care Level	Infants (INF) <12 months	Toddlers (TOD) 12 – less than 24 months	Twos (TWO) 24 – less than 36 months	Threes (PR3) 36 – less than 48 months	Fours (PR4) 48 – less than 60 months	Fives (PR5) 60 – less than 72 months, not yet in kindergarten	In School (SCH) Kindergarten – less than 12 years old
Full Time WEEKLY Rates							
Part Time WEEKLY Rates							
VPK Wrap Full Time Rates							
VPK Wrap Part Time Rates							
Before School Rates							
After School Rates							
Before/After School Rates							

Note: PT unit of care: Part-time (3 or more hours but fewer than 6 hours) FT unit of care: Full-time (6 or more hours but fewer than 11 hours)

Registration Fee: _____ Registration Frequency: Annual _____ One Time _____

Infant Rate is only being used for Special Needs Rate: Yes _____ No _____

Do you require the parent to pay the difference between the Approved Reimbursement Rate and the Private Pay Rate?
Yes _____ No _____

I certify that the rates listed above are correct, and I acknowledge my understanding that I cannot charge School Readiness children at a higher rate than I charge privately pay children. I also understand that I must report accurate information on my Provider Profile, which must match the rates noted on this form. Further, if I choose to change my private pay rates, I will notify the Coalition of at least 14 days in advance of the change.

Print name and title of authorized representative

Signature of authorized representative

Date