



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 the Early Learning Coalition of Pasco and Hernando 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							
After School Rates							
Before School Rates							
Before/After School Rates							

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 private pay children. I also understand that I must report accurate information in 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 at least 14 days in advance of the change.

Print name and title of authorized representative Signature of authorized representative Date