

Providers Name or Business Name: _____

Address: _____

Telephone Number: _____

Rate Sheet

| | | | |
|---|----------------------------|----------------------------|-------------------------|
| Infant Under 18 months | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| Toddler 18 months to 3 yrs old | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| Preschool 3 yrs under 6 years old | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| School-Age 6 to 12 years old | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| Special Needs | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| Sibling Discounts | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |
| Financial Hardship Discounts | Full Time Rate \$ _____ | Part Time Rate \$ _____ | Hourly Rate \$ _____ |

Full Time – (30 Hours or more per week)

Part Time – (15 – 29 Hours per week)

Hourly Rates- (1-14 Hours per week)

Parents Signature _____

Date Signed: _____