



Child Care Provider Rate Schedule 2012

Provider Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____

Email Address: _____

Please write in your **weekly** rates for full time and part time care for each age group
(Full Time = 6 hours or more daily; Part Time = less than 6 hours daily).
If you do not care for any age group, please write **N/A** in the appropriate box.

Class of Care	Age	Weekly Full Time Rate	Weekly Part Time Rate
Infant	0 – 11 Months		
Toddler	12 – 23 Months		
2 Years	24 – 35 Months		
3 Years	36 – 47 Months		
4 Years	48 – 59 Months		
5 Years	60 – 72 Months		
School Age	Over 60 Months		

These are the rates that will be used for School Readiness reimbursement purposes for the rest of the calendar year. All weekly rates will be divided by 5 to determine the daily rate.

Authorized Signature: _____ Date: _____