



CHILD CARE PROVIDER: Please complete this form in its entirety.

| Provider's Official Name: | CAPS |
|------------------------------|---------------------|
| (Required) | Provider ID#: |
| Complete Address: | Provider License/ |
| (Required) | Exemption Number: |
| Phone number: | Provider's Email |
| Flione number. | Address (Required): |
| Fax number: | |
| School/ | |
| School District served: | |
| | |
| Person completing this form: | Date: |
| Person completing this form: | Date: |

The Childcare and Parent Services (CAPS) program is designed to help families afford safe quality childcare.

The Provider shall charge the same rates to families subsidized by CAPS as it charges other consumers and shall provide documentation, upon request, to demonstrate

<u>compliance with this requirement.</u> CAPS does not pay for transportation fees, book fees or extracurricular fees (such as field trips) that may be charged over the provider's rates. Furthermore, the provider shall not bill, and CAPS will not pay for childcare during any period of time when another federal or state program, including but not limited to, Head Start or Georgia's Pre-K, has paid for the child's care. <u>CAPS rate changes may not coincide with your rate changes. Please adjust accordingly. Completion of this form does not guarantee payment as there must be a coinciding active childcare scholarship on file before payment can be made.</u>

| Are you a GA Pre-K site? | | □ NO | |
|---|-------|------|------|
| If a GA Pre-K site, do you follow the same schedule for holding Pre-K class as the school district in which the center is located? (i.e. Are Pre-K classes not held on days that school age children are out of school, including teacher work days?) | □ YES | □ NO | □ NA |

| REG FEE AMT | Special Needs Rate | INFANT RATE (0- 12 MTHS) | RATE FOR ONE (1) YR OLD | RATE FOR TWO (2) YRS OLD | RATE FOR THREE (3) YRS OLD | RATE FOR FOUR (4) YRS OLD | RATE FOR FIVE (5) YRS OLD | PRE- SCHOOL RATE (AGES 3- 5) | DAILY (PT CARE) RATE | NIGHT CARE RATE | DAILY RATE | SCHOOL AGE FULL TIME RATE | BEFORE/ AFTER SCHOOL RATE | GA PRE- K SITES BEFORE/ AFTER PRE-K RATE |
|-------------------|--------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|------------------------------------|------------------------------------|--|-------------------------------|-----------------------|---------------|---------------------------------------|------------------------------------|---|
| \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |