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www.elc-marion.org

School Readiness Provider Private Pay Rate Sheet

Program Year: 24-25 Effective Date: 7-1-24								
PROVIDER NAME (must match DCF License Facility Name and/or Exemption Letter Name):								
PROVIDER PH	IYSICAL AD	DDRESS (Must	match DCF Lic	cense/Exemptio	on Letter):			
Days & Hours of Operation (must match Provider Profile)		Contact Person & Phone Number:						
CARE LEVEL	INFANT	TODDLER	2 Year Old	Preschool 3	Preschool 4	Preschool 5	SCHOOL AGE	
Summer Camp WEEKLY								
Drop-In DAILY Rate								
Full-Time WEEKLY rates								
Part-Time WEEKLY rates								
VPK Full Time WEEKLY Rate								
VPK PartTime WEEKLY Rate								
AFTER school only WEEKLY								
BEFORE school only WEEKLY								
BEFORE & AFTER school WEEKLY								
Is the parent required to pay a differential between the approved Reimbursement Rate and the Provider's Private Pay Rate? Yes No Application/Registration Fee Charged: \$ Per Child or Family Fee Frequency: Annually One time Other:								
Additional fees listed on next page								

Provider Fee Chart

Site Name:			
	Effective Date:		

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Fee Description	Amount	Frequency	Per Child (C)	
		(Annual, As Needed, Daily,	or Family (F)	
		Every mins, Biennially)		
Annual	\$			
Application/Registration	\$			
Diapers	\$			
Early Drop Off	\$			
Extended Stay	\$			
Insurance	\$			
Late Payment	\$			
Late Pick-Up	\$			
Meals/Snacks	\$			
Returned Check	\$			
School Age	\$			
Supplies/Materials	\$			
Waiting List Registration	\$			
Family Discounts Offered: Sibling Discount	\$			
Negotiated Rate	\$			
Other: (List below)				
	\$			
	\$			
	\$			

^{*}Note: This document is for informational purposes only and is not a part of the SR contract for monitoring purposes