



School Readiness Provider Private Pay Rate Sheet

Program Year: _____

Effective Date: _____

PROVIDER NAME (must match DCF License Facility Name and/or Exemption Letter Name):	
PROVIDER PHYSICAL ADDRESS (Must match DCF License/Exemption 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 Part Time 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: _____

Fee Description	Amount	Frequency (Annual, As Needed, Daily, Every ___ mins, Biennially)	Per Child (C) or Family (F)
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: (optional)			
	\$		
	\$		
	\$		