Rate Verification Form

Provider Information

Child Care Facility Name: _____ Provider ID#: _____

Registration & Discount Information

- Please note the purpose of this form is to collect all general rate information applicable to the Military families receiving care at your facility
- Specific rate and discount information for each individual family will be collected during their application or renewal process
- If any information submitted during the family's application/renewal process conflicts with the information submitted on this form, you will be contacted for clarification and/or to submit any updates needed
- Please respond to the questions below with as much detail as possible

Registration fees:

- **Please note that deposits, material/supply fees, activity fees, diaper fees, transportation fees, or any additional fees are not covered by the fee assistance program and should not be listed as a registration fee. ***

Registration fee: One-Time Per **Child**: _____ One-Time Per **Family**: _____

Annual Per **Child**: _____ Annual Per **Family**: _____

Please note any additional registration fees: _____

Discount Information

Discount Type	Discount Amount	Applicable to Military Families Receiving Fee Assistance? Y/N
Military		
Multiple Sibling		
Employee		
Corporate		
Promotional		
Other		

Is your facility receiving any other subsidies or funding for child care? ☐ No ☐ Yes (please list them below).

_____

**I certify that all above information is correct, and any/all discounts that are applicable to military fee assistance families are listed above. I understand that any changes made to the discounts listed on this form must be reported to Child Care Aware® of America. I certify that any registration fees listed on this form are used solely to hold the spot for a family, and does not get reapplied to their general child care costs or facilities maintenance/supplies.*

_____ _____ _____

Facility Point of Contact Signature Date