

## **Discount Verification Form**

Provider Information			
Child Care Facility Nam	ne: Prov	Provider ID#:	
<u>families receivi</u>	this form is to collect all <u>general</u> fee and discount information the care at your facility. Specific rate and discount information g their application or renewal process.		
	ion submitted during the family's application/renewal proces his form, you will be contacted for clarification and/or to sub		
Please respond	to the questions below with as much detail as possible.		
	Registration Fee Information		
•	or annual registration fees you charge below. Deposits, materation fees, or any additional fees are not covered by the fee tration fee.		
Initial Reg Fee (Per <b>Chil</b>	d): Annual Reg	Annual Reg Fee (Per Child):	
Initial Reg Fee (Per <b>Fam</b>	nily): Annual Reg	Annual Reg Fee (Per <b>Family</b> ):	
Any additional registratio	n fee information (school age/summer)?		
	Discount Information		
Discount Type	Discount Policy (if no discount offered, write N/A)	Applicable to Military Families Receiving Fee Assistance?	
Multiple Sibling		☐ Yes ☐ No	
Military		☐ Yes ☐ No	
Employee		☐ Yes ☐ No	
Corporate		☐ Yes ☐ No	
Promotional		☐ Yes ☐ No	
Other		☐ Yes ☐ No	
	Additional Subsidy Information		
Is your facility receiving	ng any other subsidies or funding for child care?   □ No	$\square$ Yes (please list them below).	
understand that any chan	ormation is correct and all discounts that are applicable to military pages to the discounts listed on this form must be reported to Child Cod on this form are used solely to hold the spot for a family and are nolies.	are Aware® of America. I certify that	
Facility Point of Cont	act Signature	 Date	