

Facility Point of Contact

Discount Verification Form

dvf@usa.childcareaware.org

<u>uvi e usa.criii</u>	Provider ID #:
The purpose of this form is to collect general fee and discour	nt policy information. Specific rate and discount information for each
	or renewal process. If any information submitted during the family's
	submitted on this form, you will be contacted for clarification and/or
requested to submit any updates as needed. Please respond	•
REGISTRATION FEE INFORMATION REGISTRATION FEES LISTED HERE CANNOT INCLUDE DEPOSITS, SUPPLIES, ACTIVITIES, TRANSPORTATION, ETC.	
\square No (Proceed to Discount Information.)	
☐ Yes, I charge:	
Initial Fee (per child):	Annual Fee (per child):
Initial Fee (per family):	Annual Fee (per family):
Additional registration fee information, if any (sun	nmer, etc.):
Registration fee reimbursement policy varies by military service member's branch.	
DISCOU	NT INFORMATION
Do you ever offer discounts of any kind? Yes	
A continue of the form the form the first the	
	vately must also be offered to families receiving military fee count program. Assistance + family co-pay = your full rate.
I offer the following discounts (include amount/perc	entage details):
Sibling:	
Military:	
Employee:	
Corporate:	
Promotional:	
Other:	
s your facility receiving any other subsidies or fundir	ng for child care? Yes (please list them below). No
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Does your facility include the cost of lunch in tuition Does your facility include the cost of formula for infa	
	its that I offer are listed. I understand that any changes to the discounts of America. I cortify that any registration foos listed on this form are
isted 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 are not applied to their child care tuition, facility maintenance/supplies, or activities.	
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Signature

Date