

## Georgia Department of Human Services Childcare and Parent Services (CAPS) Published Provider Rate Form

The Childcare and Parent Services (CAPS) program is designed to help low income families afford safe quality childcare. Choosing child care is one of the most important decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids. All Georgia Kids is an independent agency who assists with finding child care providers based on your criteria. The website is [www.allgakids.org](http://www.allgakids.org).

Please have your provider of choice complete the Provider Only Section of this form fully by your day care provider of choice.

The client is responsible for any charges that are more than the amount the Department of Human Services will pay. The Department of Human Services does not pay for transportation fees, book or extracurricular fees such as field trips or meals (not all inclusive) that may be charged over the provider's rates.

### CHILD CARE PROVIDER ONLY (PLEASE PRINT CLEARLY)

PARENT'S NAME: \_\_\_\_\_

CHILD(REN)'S NAME	AGE

### RATES

Please provide your published rate for all types of care. **The Provider shall charge the same rates to Georgia Department of Human Services clients as it charges other consumers and shall provide documentation, upon request, to demonstrate compliance with this requirement.** Furthermore, the provider shall not bill and the Department of Human Services will not pay for child care during any period of time when another federal or state program, including but not limited to, Head Start or Georgia's Pre-K, has paid for the child's care. **CAPS rate changes may not coincide with your rate changes. Please adjust accordingly.**

<b><u>Infants (newborn-12 months)</u></b>	\$ _____
<b><u>Toddler (13-36 months)</u></b>	\$ _____
<b><u>Pre-School (3-5 years)</u></b>	\$ _____
<b><u>Before and After School (5 years and up)</u></b>	\$ _____
<b><u>Weekly Rate (5 years and up)</u></b>	\$ _____
<b><u>Part time rate (5 years and up)</u></b>	\$ _____
<b><u>Registration Fee</u></b>	\$ _____

Provider's Official Name(Required) Preferred School Care Learning Center

Complete Address(Required) 718 Concord Road SE, Smyrna GA 30082

Phone number 770-436-1156 EIN/SSN/MAXSTAR Provider ID 47150

Fax Number 770-431-1894 Provider's Email Address: aselmon@PreferredSchoolCareInc.com

\_\_\_\_\_  
Person completing this form

\_\_\_\_\_  
Date