



## PROVIDER RATE STATEMENT

Provider Name (as it appears on your EEC license)

- 
- Please list the daily amounts you charge your private paying families whose children attend any of the following programs
  - Please also enclose a copy of your program's flyer/brochure that you give to parents that shows a schedule of your rates
  - Department of Early Education and Care Contracted providers, please attach a copy of your income eligible rate sheet

Program	Full Day Cost (6 or more hours)	Part Day Cost (less than 6 hours)
Under 2		
Over 2		

Discounts offered:                      Yes ( )    No ( )

If yes enter the amount and type \_\_\_\_\_

\_\_\_\_\_

I certify the rates listed above to be correct. Per the terms and conditions for the Voucher Day Care Provider Agreement, I certify that the voucher rates contained in section III.C of this Agreement are not higher than my rate charged to private consumers.

I recognize that to charge voucher consumers a rate higher than the rate charged to private consumers would constitute a violation of the terms and conditions of my Voucher Day Care Provider Agreement and may result in immediate termination of that Agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_