

2006 MARKET RATE SURVEY & FISCAL YEAR 2006-07 PROVIDER AGREEMENT APPENDIX C-1

Location Name:		
Address:		
City:	State:	Zip:
Telephone: ()	County:	
Type of Program:	<input type="checkbox"/> Center	<input type="checkbox"/> Group <input type="checkbox"/> Family

Enter rates for each age range applicable to your program.
Use your rates effective July 1, 2006.
Enter N/A if the service is not provided

Use your effective rates as of July 1, 2006. Enter N/A if the service is not provided.	0-12 months	13-24 months	25-36 months	37 months- date child enters 1 st grade	1 st grade up to 13 th birthday Summer only
1. If I bring a child for 10 hours a day anytime between 6:00 AM and 6:00 PM, five days a week (Monday through Friday), how much would I be charged weekly?	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week
2. If I bring a child for 4 hours, 59 minutes (not five hours) a day anytime between 6:00 AM and 6:00 PM, five days a week (Monday through Friday), how much would I be charged weekly?	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week

I understand these will be my rates effective July 1, 2006.

If you participate in the subsidized child care program, do you offer full-time care for school closures during the school year? Check the box if you will accept a blended school year rate.

Provider Signature	Title	Date
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MAIL, FAX OR HAND DELIVER YOUR COMPLETED MARKET RATE SURVEY/APPENDIX C-1 WITH A COPY OF YOUR PUBLISHED RATES BY MAY 5, 2006 TO YOUR LOCAL CCIS AGENCY.