



Attachment A School Readiness Provider PRIVATE RATE STATEMENT



Print Clearly All Information

School Readiness Program	
Owner:	
FEIN / SSN	
Street Address:	
City/State/Zip:	
Phone Number:	
Email Address:	

Instructions: In the area below, write in the rates your program charges private pay parents. It is important to fill in all age categories. The Early Learning Coalition of Northwest Florida, Inc. has established maximum reimbursement rates for each age group and for each provider type based on the Office of Early Learning's published market rates.

Please fill out every age category, full-time and part-time. If any space is left blank, it will be assumed to use the private rate for the nearest age group. If your program does not have part-time rates, it will be assumed the full-time rate is charged to all parents regardless of how many hours a child is in care.

Age Category	Full-time (6 or more hours/day) DAILY	Part-time (fewer than 6 hours/day) DAILY	VPK Child FT Extended Day (at site 6 or more hours- including vpk)	VPK Child PT Extended Day (at site fewer than 6 hours- including vpk)
Infant			 	
Toddler			 	
2 Year Old			 	
3 Year Old				
4 Year Old				
5 Year Old				
School Age			 	

Effective Date: _____

The SCHOOL READINESS PROVIDER understands that **the Private Rate Statement is a legal document**. The SCHOOL READINESS PROVIDER understands that **falsifying this document to obtain School Readiness Program funds is a criminal offense**. Any suspected fraudulent activity will be referred to the Florida Department of Law Enforcement (FDLE) for investigation.

I hereby certify that the above information accurately reflects the rates that are charged to private pay parents. I understand that I cannot charge any parent receiving assistance with school readiness funds more than I charge a private pay parent.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____