

# Child Care Assistance - Documentation of fees charged to the public.

Provider instructions:

This form is for documenting **annual fees** that you charge (example supply fee). This does not include your weekly rates.

If you have any questions while completing this form please feel free to contact Provider Services at 214-905-3579.

Age Range:	1 – 12 months	13 – 17 months	18 – 24 months	25 – 35 months	3 years	4 years	5 years	Kinder	6 – 12 years
Registration (annually)									
Supply (annually)									
Activity (annually)									
T-shirts Uniforms									
Insurance									
•Other									

\*\*\*If activity fees total more then \$250.00 per year, additional documentation will be required – please attach.\*\*\*

- Please explain other fees:

Please **circle** which schedule is offered for Kindergarten in your local public schools: Full Day or Part Day

Do you charge a transportation fee? \_\_\_\_\_ (yes/no) **if yes, please document the fees on lines A & B**

A. Rate to transport child from their home to child care is: \$\_\_\_\_\_ *per week/ per child.*

B. Rate to transport child from child care to their home is: \$\_\_\_\_\_ *per week / per child.*

Signature of Provider Representative (contract signer): \_\_\_\_\_ Date: \_\_\_\_\_