Georgia Department of Early Care and Learning
Childcare and Parent Services (CAPS)
Provider Published 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 import decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids (www.allgakids.org or 1-877-all-ga-kids). All Georgia Kids is an independent agency who assists with finding child care providers based on your criteria.

Please have your provider of choice complete this form in its entirety.

NOTE: The client is responsible for any charges that are more than the amount CAPS will pay. CAPS does not pay for transportation fees, book fees or extracurricular fees such as field trips that may be charged over the provider's rates.

CHILD CARE PROVIDER (PLEASE PRINT CLEARLY)

PARENT'S NAME: _____ COUNTY OF RESIDENCE: _____

RATES: Please enter rates for the children listed below.

CHILD(REN)'S NAME	AGE	DATE OF BIRTH	GA LOTTERY PRE-K (Y/N)	REG FEE AMNT	INFANT RATE	TODDLER RATE (1-2)	TODDLER RATE (2-3)	PRE-SCHOOL RATE (3-5)	BEFORE/ AFTER SCHOOL RATE	SCHOOL AGE FULL TIME RATE	B/A FOR PRE-K	DAILY RATE
				$100					$100	$225		

The Provider shall charge the same rates to families subsidized by CAPS as it charges other consumers and shall provide documentation, upon request, to demonstrate compliance with this requirement. Furthermore, the provider shall not bill and CAPS 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.**

Provider's Official Name (Required): APEC After School Enrichment @ Campbell

Provider ID#: 61446

Complete Address (Required): 1099 Cascade Rd SW Atlanta, GA 30311

Phone number: 404-822-6803

Provider's Email Address: System@APECprep.com

Fax number: _____

Person completing this form: Angelique Dutch

Date: _____

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