



**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 important decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids ([www.allgakids.org](http://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.

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
		N/A	\$75	N/A	\$165	\$165	\$165	\$65	\$125	N/A	\$65

**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) \_\_\_\_\_ TODDLER UNIVERSITY \_\_\_\_\_ Provider ID# \_\_\_\_\_ 54755 \_\_\_\_\_  
 Complete Address (Required) \_\_\_\_\_ 1216 SANDTOWN RD MARIETTA GA 30008 \_\_\_\_\_ Phone number \_\_\_\_\_ 678-909-3842 \_\_\_\_\_  
 Provider's Email Address \_\_\_\_\_ toddleruniversity2@gmail.com \_\_\_\_\_ Fax number: 770-575-4397 \_\_\_\_\_  
 Person completing this form \_\_\_\_\_ Date \_\_\_\_\_