

**Division of Children and Family Services  
 Child Care Subsidy Provider  
 Private Pay Rates**

*Intended Audience: Child Care Subsidy Providers*

Provider & Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Subsidy ID Number: \_\_\_\_\_

Providers must have an established private pay rate before being approved as a subsidy provider. Child Care Subsidy payments will not exceed the private pay rate. The Department will reimburse at the current state maximum or the provider's private pay rate, whichever is lower. (392 NAC 4-004.01)

Please indicate below the rates charged for privately paid children by selecting the box(es) that apply and providing the corresponding rates. If you have an established rate set, that may be used in place of this form.

My rate varies depending on the age of the child(ren):

	Hourly Rate	Daily Rate	Weekly Rate
<b>Infant</b> (Birth-18 mos.)	\$	\$	\$
<b>Toddler</b> (18 mos.-3 yrs.)	\$	\$	\$
<b>Preschool</b> (3 yrs.-not in school)	\$	\$	\$
<b>School-Age</b> (Attends Kindergarten and above)	\$	\$	\$

I charge a set rate regardless of the age of the child(ren):

	Hourly Rate	Daily Rate	Weekly Rate
<b>All Age Categories</b>	\$	\$	\$

I am a licensed provider and charge an Enrollment Fee or Activity Fee. License ID Number: \_\_\_\_\_

- Note: This requires a separate written policy that describes how the Enrollment or Activity Fee is required for private pay families, and the specific amount of the fee. The policy must be attached.

Enrollment Fee:	\$
Activity Fee:	\$

*\*Activity calendars may also be requested.*

*My signature below certifies that the above rates are the rates that I charge to families paying privately for Child Care.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_