

Provider Rate Sheet

License-Exempt Providers

Provider Name: _____

Telephone Number: _____

Alternative Telephone Number: _____

Time Sensitive: You must READ, COMPLETE and return this form to SFCS in order to continue to receive payment for subsidized child care services.

Please place a check mark (✓) in **all** days that you are willing to care for children.

NOTE: We will not be able to pay you for days outside the ones you list below.

Please write in the **earliest** and **latest** times you are willing to care for children.

NOTE: We will not be able to pay you for hours outside the ones you list below.

Your days and hours of operation:

Weekday	Start Time	End Time
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

The State of California defines full-time care as 30 hours or more per week.

If you provide less than 30 hours of child care per week, rates are paid based on the number of hours of care provided in 1 day; 6 hours or more would be paid at a daily rate; less than 6 hours per day would be paid at an hourly rate; unless the total for the whole week is 30 hours or more.

How much do you charge for child care services?

Age	Hourly	Daily	Weekly
Birth to 2 years	\$	\$	\$
2 years thru 5 years	\$	\$	\$
6 years +	\$	\$	\$

How many **hours per week** does your **weekly** rate cover? _____

Provider's Signature

Date Signed