

Georgia Department of Human Services

Childcare and Parent Services (CAPS) Published Provider Rate Quote 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. All Georgia Kids is an independent agency who assists with finding child care providers based on your criteria. The website is www.allgakids.org.

Please have your provider of choice complete the **Provider Only Section** of this form fully by your day care provider of choice.

The client is responsible for any charges that are more than the amount the Department of Human Services will pay. The Department of Human Services does not pay for transportation fees, book or extracurricular fees such as field trips or meals (not all inclusive) that may be charged over the provider's rates.

CHILD CARE PROVIDER ONLY (PLEASE PRINT CLEARLY)

PARENT'S NAME _____

CHILD(REN)'S NAME	AGE

Please provide your published rate for all types of care. **The Provider shall charge the same rates to Georgia Department of Human Services clients as it charges other consumers and shall provide documentation, upon request, to demonstrate compliance with this requirement.** Furthermore, the provider shall not bill and the Department of Human Services 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.**

Infants (newborn-12 months)	\$ _____
Toddler (13-36 months)	\$ _____
Pre-School (3-5 years)	\$ _____
Before and After School (5 years and up)	\$ _____
Weekly Rate (5 years and up)	\$ <u>110.00</u>
Part time rate (5 years and up)	\$ _____
Registration Fee	\$ <u>50.00</u>


Provider's Official Name (Required) Metro Summer camp/Cambridge Heights Academy

Complete Address (Required) 1959 Metropolitan Park way sw Atlanta, GA 30315

Provider's Phone number 678-463-1497 Provider's Fax Number _____

Provider's Email Address dhille.cambridgeheights.org Provider's CAPS ID Number (Required) 62200

EIN/Social Security Number 30-0574310



 Signature of person completing this form

May 13, 2015
 Date