



Child Care Provider Rate Schedule for 2011-2012



Community Coordinated Care for Children
2675 Winkler Ave, Suite 300, Attn: SR Payments, Ft. Myers, FL 33901

Provider Name: _____

Address: _____

City, State ZIP: _____

Please enter the **DAILY** rates for full time and part time care for each care level (age) that you serve. These rates will be used for School Readiness reimbursement purposes for the contract year 2011-2012 and are **NOT** subject to change.

Care Level	Age	<u>Daily Full Time</u>	<u>Daily Part</u>
		Rates 6 hours or more	Time Rates 3 to 6 hours
Infant	Up to 12 months		
Toddler	12 to 23 months		
2 year old	24 to 35 months		
3 year old	36 to 47 months		
4 year old	48 to 59 months		
5 year old	60 to 72 months		
School Age	Over 60 months		

Signature: _____ Date: ____/____/____

Printed Name: _____

Reimbursement Use Only: