Provider Rate Sheet

License-Exempt Providers

PLEASE PRINT

Provider Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

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

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

NOTE: We will not be able to pay you for days/hours outside the ones you list below. _____ Provider's Initials

Weekday	Start Time	End Time
❑ Monday	AM or PM	AM or PM
❑ Tuesday	AM or PM	AM or PM
❑ Wednesday	AM or PM	AM or PM
❑ Thursday	AM or PM	AM or PM
❑ Friday	AM or PM	AM or PM
❑ Saturday	AM or PM	AM or PM
❑ Sunday	AM or PM	AM or PM

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 are paid at a daily rate;
- Less than 6 hours per day are 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	Monthly	Other
Birth to 24 months					
2 years thru 5 years					
6 years +					

All fields must be completed regardless of the age of child/ren you are currently caring for.

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

_____

Provider's Signature Date Signed