

WEST CENTRAL ARKANSAS WORKFORCE DEVELOPMENT AREA

Childcare Daily - Weekly Cost

| | |
|---|-----------------|
| Childcare Provider: | Representative: |
| Address: | Phone Number: |
| City/State/Zip: | |
| Employees authorized to sign billing invoice: | |

Do you charge a daily rate or weekly rate? _____

Do you charge for a full week if the child is absent? _____

| Childcare Rate: | <u>Weekly</u> | or | <u>Daily</u> |
|-----------------------|---------------|----|--------------|
| 6 wks. - 18 months: | \$ _____ | | \$ _____ |
| 18 wks. - 2 1/2 yrs.: | \$ _____ | | \$ _____ |
| 2 1/2 yrs. - 4 yrs.: | \$ _____ | | \$ _____ |
| 4 yrs. - 5 yrs.: | \$ _____ | | \$ _____ |
| 6 yrs.- up | \$ _____ | | \$ _____ |

PLEASE ATTACH A COPY OF YOUR CHILDCARE POLICY TO THIS SHEET.

Signature of Childcare Provider Date