



Certification of Hours of Operation and Rates for Child Care Services

Provider/Program Name _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Days and Hours of Operation

Days and Hours of Operation

Weekday	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of Children Authorized for Care _____

Charge for Child Care Services

Age	Hourly Rate	Daily Rate	Weekly Rate	Monthly Rate	4 / 5 Week Month - Weekly Rate*
0 - 12 Months					
13 - 24 Months					
2 Years					
3 - 5 Years					
6 - 12 Years					

*For Providers who bill based upon a 4 / 5 Week Month, please provide the day of week that the billing is based upon: _____

Discounts Offered:

Federal ___Y ___N Military ___Y ___N Multiple Child ___Y ___N

Other Discounts Offered: _____

Additional Program Information:

Printed Name of Provider

Date

Signature of Provider

Completion and submission of this form is considered a certification of the child care rates charged by your child program. Any misrepresentation of information may result in your official removal from the program and if applicable repayment of child care Fee Assistance/Subsidy Benefits that were paid due to incorrect/false information.

GSA - Subsidy Administration Section
 1500 E. Bannister Rd., Rm. 1061, KCMO 64131
 Tel: (866) 508-0371 • Fax: (816) 926-3642
childcareprovider@gsa.gov