

PROVIDER REGISTRATION FORM

The Maryland State Department of Education, Office of Child Care is required to collect annual provider rates for all providers receiving Child Care Scholarship reimbursement. The information gathered is a federal requirement to ensure that parents eligible for a Child Care Scholarship are charged tuition rates equal to or less than private paying customers and to ensure that reimbursement paid to child care providers is equal to or less than the child care provider's tuition or the maximum reimbursement rate for the Child Care Subsidy Payment Region. **To prevent interruptions in payments: return by August 30, 2019.**

Upon completion of the Registration Form: (1). **Enter rates effective September 1, 2019;** (2). Ensure all rates match the current rates within the policies and procedures provided your parents, **and (3) Return by mail to: Maryland CCS Program, MSDE, 200 West Baltimore Street, 10th Floor, Baltimore, Maryland 21201.**

Child Care Program Name (for Family Child Care please use your name) – enter below:		
LICENSE/REGISTRATION NUMBER (used for identification purposes only):		
Do you participate in Maryland EXCELS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CHILD CARE TYPE:	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Family Child Care Home
	<input type="checkbox"/> Letter of Compliance Facility	<input type="checkbox"/> Large Family Child Care Home
TELEPHONE NUMBER:	FAX:	
Child Care PROGRAM EMAIL:		
PROGRAM ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

Please complete the following information for each age group served. **Do not include any discounts applied based on family size or income. Enter Rates Effective September 1, 2019.**

Age Group(s) Served	RATES							
	Full Time (weekly)	Part-Time (weekly)	Part-Time (daily)	Before/After School (daily)	Drop-In (daily)	Evening (daily)	Overnight (daily)	Weekend (daily)
Infant (Birth-11mo)	\$		\$	\$	\$	\$	\$	\$
Toddler (12mo-23mo)	\$		\$	\$	\$	\$	\$	\$
2 year olds	\$		\$	\$	\$	\$	\$	\$
3 year olds	\$		\$	\$	\$	\$	\$	\$
4 year olds	\$		\$	\$	\$	\$	\$	\$
5 year olds	\$		\$	\$	\$	\$	\$	\$
School-Age (5+)	\$		\$	\$	\$	\$	\$	\$
Do you charge a Security deposit?	____ No ____ Yes	How much?	If yes, how is it accessed:	<input type="checkbox"/> Per Child <input type="checkbox"/> Per Family	Annually: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you charge an Educational fee?	____ No ____ Yes	How much?	If yes, how is it accessed:	<input type="checkbox"/> Per Child <input type="checkbox"/> Per Family	Annually: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you charge a Registration fee?	____ No ____ Yes	How much?	If yes, how is it accessed:	<input type="checkbox"/> Per Child <input type="checkbox"/> Per Family	Annually: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Director's/Owner's Signature _____

Date _____