

General Contact Information

Name of Person Completing Form: _____	Director / Owner: _____
Name of Child Care Business on License: _____	
Physical Address: _____	City: _____ Zip: _____
Mailing Address: _____	City: _____ Zip: _____
Phone: _____	Alternate Phone: _____ Fax: _____
E-mail: _____	Website Address: _____
What program(s) would you like to be registered (check one or both)? <input type="checkbox"/> Child Care Subsidy <input type="checkbox"/> Parent Referrals	

License Information

License ID #: _____ Expiration Date: ___/___/___	Licensed by: <input type="checkbox"/> State of Nevada <input type="checkbox"/> Washoe County
Date you first became licensed: ___/___/___	<input type="checkbox"/> Tribe <input type="checkbox"/> Federal Government
Program Type	Licensed Capacity (as stated on License)
<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Head Start (traditional, tribal, migrant or early) <input type="checkbox"/> Pre-K (State-funded program)	Age Range (ex. 6mo.-2yrs.)
	Capacity for Age Range
	Total Capacity:

Schedule

Select the days and fill in the times you are open. (Circle) am or pm.

<input type="checkbox"/> Monday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Tuesday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Wednesday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Thursday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Friday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Saturday	Open: ___ am/pm Close: ___ am/pm
<input type="checkbox"/> Sunday	Open: ___ am/pm Close: ___ am/pm

Schedule Types

Select the schedule types that are accommodated.

<input type="checkbox"/> 24 Hour Care	<input type="checkbox"/> Track Break
<input type="checkbox"/> Overnight	<input type="checkbox"/> Drop-In (not regularly scheduled)
<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating Schedules
<input type="checkbox"/> Afternoon Only (1/2 day)	<input type="checkbox"/> Weekend
<input type="checkbox"/> Mornings Only (1/2 day)	<input type="checkbox"/> Extended Hours (9-12 hr shifts)
<input type="checkbox"/> Before School	<input type="checkbox"/> Summer Care
<input type="checkbox"/> Afterschool	<input type="checkbox"/> School Year

Holidays & Closures

Please select the holidays below that you are closed. Observed means that you are closed during the week when the holiday falls on a weekend.
Attention Subsidy Providers: It is very important that you only indicate the days you WILL be closed. If you indicate you are closed, our system will not allow reimbursement to be made for any of the days indicated below. If you decide to remain open on any of these days, you must contact The Children's Cabinet a week PRIOR to the holiday closure listed below.

<input type="checkbox"/> New Year's Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nevada Day
<input type="checkbox"/> Martin Luther King, Jr.	<input type="checkbox"/> Veterans Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> President's Day	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Family Day
<input type="checkbox"/> Independence Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Christmas Eve--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Labor Day	<input type="checkbox"/> Christmas Day--Do you observe this day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Columbus Day	<input type="checkbox"/> Other Closure: _____ Date(s): _____

Child Care Rates • Children Ages 0-5

Enter the rates you charge parents by age range. You can also simply include your rate sheet when returning this form.

Age Range in Level <small>(e.g., from 1 year up to 3 years; then from 3 years up to 5 years)</small>		Full-Time Rates <small>4.5 or more hours per day*</small>				Part-Time Rates <small>Used only for market rate purposes; not subsidy.</small>			
From	Up To <small>(not through)</small>	Daily**	Weekly	Monthly	Other:	Daily**	Weekly	Monthly	Other:
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
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<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								
<input type="checkbox"/> Months <input type="checkbox"/> Years	<input type="checkbox"/> Months <input type="checkbox"/> Years								

Subsidy providers please note:

*Actual hours are rounded to the nearest hour. A part-time rate (full-time rate÷2) will be used for attendance less than 4.5 hours (4 hours, 29 minutes).

**This is not a drop-in rate for intermittent schedules. This is a daily rate based on a child who attends a full-time schedule (weekly rate÷5).

Child Care Rates • School-Age Children

Enter the rates you charge parents by age range. You can also simply include your rate sheet when returning this form. **Do not include private school tuition rates for K-12. Only include the rates charged for care outside your private K-12 school hours.**

Age Range in Level <small>(e.g., from 6 years up to 8 years; then from 8 years up to 13 years)</small>		Full-Time Rates <small>This is what you might charge for track break, summer or holiday care. More than 3 hours a day.*</small>				Part-Time Rates <small>These are <u>not</u> Before & After School Rates. Used for market rate purposes; not subsidy.</small>				Before & After School Rates <small>Check if rate are for: <input type="checkbox"/> Before School <input type="checkbox"/> Afterschool <input type="checkbox"/> Before & Afterschool</small>		
From	Up To	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly	Other	Daily**	Weekly	Monthly
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											
<input type="checkbox"/> Years	<input type="checkbox"/> Years											

Subsidy providers please note:

*Actual hours are rounded to the nearest hour. A part-time rate (full-time rate÷2) will be used for attendance less than 3 hours.

**This is not a drop-in rate for intermittent schedules. This is a daily rate based on a full-time schedule (weekly rate÷5).

Additional Fees Please check the fees that you charge.

<input type="checkbox"/> Initial Enrollment or Registration Fee (Amount: \$ _____)	<input type="checkbox"/> Bad Check	<input type="checkbox"/> Late Payment
<input type="checkbox"/> Annual Fee (Amount: \$ _____) charged in what month: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. <input type="checkbox"/> Child's anniversary month	<input type="checkbox"/> Insurance	<input type="checkbox"/> Meals
	<input type="checkbox"/> Late Pick-Up	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other:

Subsidy providers: The State of Nevada will reimburse up to \$40 total per year for annual or registration fees.

Attention Subsidy Providers

1. For each care level that you provide, enter the age range and the full-time weekly rate. This must be the rate you charge to the general public, regardless subsidy program participation.
2. Only those rates listed on this form or on the attached rate sheet will be inputted into the Nevada Child Care System (NCCS). If you are updating rates, no rates will be carried over from previous records.
3. Double check that you have included all age ranges and rates for which you provide care.
4. Rate Effective Date: If you are submitting this rate sheet as a part of your Subsidy Registration Packet, rates will be effective the day we receive your completed subsidy registration paperwork. If you are a provider already on our Subsidy Program, your rate **change** will not be effective until the **first of the month following 30 days notice** (e.g., Your rate change was received by The Children's Cabinet on 10/15/2012. Your new rates will not be effective until 12/1/2012).

Provider Signature

Provider Printed Name

Date