



**Georgia Department of Early Care and Learning
Childcare and Parent Services (CAPS)
Provider Published Rate Form**



The Childcare and Parent Services (CAPS) program is designed to help low income families afford safe quality childcare. Choosing child care is one of the most important decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids (www.allgakids.org or 1877-all-kids). All Georgia Kids is an independent agency who assist with finding child care providers based on your criteria.

Please have your provider of choice complete this form in its entirety.

NOTE: The client is responsible for any charges that are more than the amount CAPS will pay. CAPS does not pay for transportation fees, book fees or extracurricular fees such as field trips that may be charged over the provider's rates.

CHILD CARE PROVIDER (PLEASE PRINT CLEARLY)

PARENT'S NAME: _____ COUNTY OF RESIDENCE: _____

RATES: Please enter rates for the children listed below:

CHILD(REN)'S NAME	AGE	DATE OF BIRTH	GA LOTTERY PRE-K (Y/N)	REG FEE AMNT	INFANT RATE	TODDLER RATE (1-2)	TODDLER RATE (2-3)	PRE-SCHOOL RATE (3-5)	BEFORE/ AFTER SCHOOL RATE	SCHOOL AGE FULL TIME RATE	B/A FOR PRE-K	DAILY RATE
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00
				\$87.00					\$300.00	\$325.00		\$145.00

The Provider shall charge the same rates to families subsidized by CAPS as it charges other consumers and shall provide documentation, upon request, to demonstrate compliance with this requirement. Furthermore, the provider shall not bill and CAPS will not pay for child care during any period of time when another federal or state program, including but not limited to, Head Start or Georgia's Pre-K, has paid for the child's care. CAPS rate changes may not coincide with your rate changes. Please adjust accordingly

Provider's Official Name (Required) **JAM's Athletics**

Provider ID# **142745**

Complete Address (Required) **1404 LAWRENCEVILLE SUWANEE ROAD, SUITE #107, Lawrenceville Ga 30043**

Phone number **770 469-1677**

Provider's Email Address **elizabethmarsh@jamsathletics.com**

Fax number: **770 879-1733**

Elizabeth Marsh

Person completing this form

Date