

<b>Business Name of Child Care Program:</b>	
<b>Director/Owner:</b>	
<b>License(s) Number:</b>	<b>License Capacity:</b>
<b>Phone #:</b>	<b>E-mail Address:</b>
<b>Effective Date:</b>	

**Full-Time Rates:**

Age Range	Hourly	Daily	Weekly (____hours per week)	Monthly
0-24 months	\$	\$	\$	\$
2-5 years old	\$	\$	\$	\$
6+ years old	\$	\$	\$	\$

**Part-Time Rates:**

Age Range	Hourly	Daily	Weekly (____hours per week)	Monthly
0-24 months	\$	\$	\$	\$
2-5 years old	\$	\$	\$	\$
6+ years old	\$	\$	\$	\$

**Additional Fees (e.g., sibling discount, material fees, and enrollment fees):**

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**Please note:**

- Hively will honor your submission date as the effective date for your rate sheet if submitted later than the date above.
- You acknowledge that you charge the same for all subsidized and non-subsidized families.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_