Georgia Department of Human Services
Childcare and Parent Services (CAPS) Published Provider 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 import decisions a parent can make. If you need assistance in finding quality child care, please visit All Georgia Kids (www.allgakids.org or 1-877-all-ga-kids).All Georgia Kids is an independent agency who assists 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 the CAPS will pay. CAPS **does not** pay for transportation fees, book or extracurricular fees such as field trips that may be charged over the provider's rates.

CHILD CARE PROVIDER ONLY (PLEASE PRINT CLEARLY)

Parent's Name: _____   County of Residence: Rockdale_____

CHILD(REN)'S NAME	AGE	Date of Birth	Ga Lottery Pre-K (Y/N)	REG FEE AMNT $65	INFANT RATE 6WKS-12MTHS $165	INFANT RATE 13MTHS-23MTHS $165	TODDLER RATE AGE 2 $145	PRE-SCHOOL RATE AGE 3-4 $135	BEFORE/AFTER SCHOOL RATE $75	SCHOOL AGE FULL TIME RATE $125	B/A FOR PRE-K $75	DAILY RATE $65	PARTTIME RATE $75

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) **Ms Pams Precious Angels FCC 2**

Complete Address (Required) **2125 Old Salem Rd. Conyers, Ga. 30013**

Phone number **770-679-9199** EIN/SSN/MAXSTAR Provider ID **97222**

Fax Number **770-648-7216**   Provider's Email Address **MsPamsPreciousAngels@gmail.com**

Person completing this form *Tamarra L Johnson* Date _____

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