

**Early Learning Coalition of Pasco and Hernando Counties, Inc.
15506 County Line Road, Suite 103
Spring Hill, FL 34610**

Name of Facility: _____

Address: _____ City: _____ State: FL Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

OFFICE USE ONLY

	Provider Rate (Weekly)	Pasco Maximum Rate Payable	Hernando Maximum Rate Payable
Infant Full-time			
Infant Part-time			
Toddler Full-time			
Toddler Part-time			
Two Year Old Full-time			
Two Year Old Part-time			
PR3 Full-time			
PR3 Part-time			
PR4 Full-time			
PR4 Part-time			
PR5 Full-time			
PR5 Part-time			
School Age Full-time			
School Age Part-time			

PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ who, after being sworn by me, produced identification or is personally known by me, affixed his/her signature in the space provided above on this _____ day of _____, 20_____.

(NOTARY PUBLIC SIGNATURE)

My commission expires: _____