



GSA Subsidy Administration Section

U.S. Army Family Enrollment Provider Cost Verification Form

Provider Name: Merrifield Child Development Academy
Vendor #: 453213444 00001
Phone #: 703-204-0203
Physical Address: 8122 Ransell Road

Email: merrifield.cda@verizon.net
Fax #: 703-206-9052

City: Falls Church State: VA Zip Code: 22042

Remit to Address:
City: State: Zip Code:

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child

Please complete one form per child

Printed Name of Qualifying Sponsor: Last First MI

Child Name:

Child's Enrollment Date (start date of care): Date of Birth (DOB)

Type of Care (check all that apply): FT PT Before School Only After School Only Before and After School

Summer/Holiday Full Date Rate (school aged): Daily Rate = Hourly Rate =

Number of Days/Week: Number of Hours per day/week:

Provide final cost after deducting all discounts:

Weekly Cost \$ Monthly Cost \$

Hourly \$ Respite Care \$

Billing Method: Calendar Month 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon

Does the Family qualify for or receive any other subsidies or discounts? Yes No

If yes, provide source and amount: Source: Amount:

Other Applicable Fees: Registration Fee (note: \$150 maximum may be paid on behalf of each child per provider, per year)

Total Other Fees Charged: \$

Are there any future rate or attendance changes expected within next six (6) months? Yes No

If yes, explain:

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section
2300 Main Street - 2SE, Kansas City, MO 64108
Tel: (866) 508-0371 Fax: (816) 926-3642
army.childcare@gsa.gov



GSA Subsidy Administration Section

U.S. Coast Guard Family Enrollment Provider Cost Verification Form

Provider Name: Merrifield Child Development Academy
Vendor #: 453213444 00001 **Email:** merrifield.cda@verizon.net
Phone #: 703-204-0203 **Fax #:** 703-206-9052
Physical Address: 8122 Ransell Road
 0
City: Falls Church **State:** VA **Zip Code:** 22042
Remit to Address:
City: **State:** **Zip Code:**

Family Action: _____ **New Family Enrollment** _____ **Rate Change** _____ **Attendance Change** _____ **Adding Child**

Please complete one form per child

Printed Name of Qualifying Member: Last _____ First _____ MI _____

Child Name: _____

Child's Enrollment Date (start date of care): _____ **Date of Birth (DOB)** _____

Type of Care (check all that apply): FT PT Before School Only After School Only Before and After School

Summer/Holiday Full Date Rate (school aged): **Daily Rate** = _____ **Hourly Rate** = _____

Number of Days/Week: _____ **Number of Hours per day/week:** _____

Provide final cost after deducting all discounts:

Weekly Cost \$ _____ **Monthly Cost** \$ _____

Hourly \$ _____

Billing Method: Calendar Month 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon _____

Does the Family qualify for or receive any other subsidies or discounts? Yes No

If yes, provide source and amount: **Source:** _____ **Amount:** _____

Other Applicable Fees: **Registration Fee** (note: \$200 maximum may be paid on behalf of each child per provider, per year)

Total Other Fees Charged: \$ _____

Are there any future rate or attendance changes expected within next six (6) months? Yes No

If yes, explain: _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

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GSA Subsidy Administration Section
 2300 Main Street - 2SE, Kansas City, MO 64108
 Tel: (866) 508-0371 • Fax: (816) 823-5445
uscgchildcare@gsa.gov



GSA Subsidy Administration Section
General Services Administration (GSA) Family Enrollment
Provider Cost Verification Form

Provider Name: Merrifield Child Development Academy
Vendor #: 453213444 00001 Email: merrifield.cda@verizon.net
Phone #: 703-204-0203 Fax #: 703-206-9052
Physical Address: 8122 Ransell Road
0
City: Falls Church State: VA Zip Code: 22042

Remit to Address:
City: State: Zip Code:

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child
Please complete one form per child

Printed Name of Qualifying Employee: Last First MI

Child Name:

Child's Enrollment Date (start date of care): Date of Birth (DOB)

Type of Care (check all that apply): FT PT Before School Only After School Only Before and After School
Summer/Holiday Full Date Rate (school aged): Daily Rate = Hourly Rate =

Number of Days/Week: Number of Hours per day/week:

Provide final cost after deducting all discounts:

Weekly Cost \$ Monthly Cost \$
Hourly \$

Billing Method: Calendar Month 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon

Does the Family qualify for or receive any other subsidies or discounts? Yes No

If yes, provide source and amount: Source: Amount:

Other Applicable Fees: Registration Fee

Total Other Fees Charged: \$

Are there any future rate or attendance changes expected within next six (6) months? Yes No

If yes, explain:

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form Phone Number

Signature of Provider completing this form Date

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GSA Subsidy Administration Section

U.S. Customs and Border Protection (CBP) Family Enrollment Provider Cost Verification Form

Provider Name: Merrifield Child Development Academy
Vendor #: 453213444 00001 Email: merrifield.cda@verizon.net
Phone #: 703-204-0203 Fax #: 703-206-9052
Physical Address: 8122 Ransell Road
0
City: Falls Church State: VA Zip Code: 22042

Remit to Address:
City: State: Zip Code:

Family Action: ___ New Family Enrollment ___ Rate Change ___ Attendance Change ___ Adding Child
Please complete one form per child

Printed Name of Qualifying Employee: Last ___ First ___ MI ___

Child Name: _____

Child's Enrollment Date (start date of care): _____ Date of Birth (DOB) _____

Type of Care (check all that apply):
[] FT [] PT [] Before School Only [] After School Only [] Before and After School
[] Summer/Holiday Full Date Rate (school aged): Daily Rate = _____ Hourly Rate = _____

Number of Days/Week: _____ Number of Hours per day/week: _____

Provide final cost after deducting all discounts:

Weekly Cost \$ _____ Monthly Cost \$ _____
Hourly \$ _____

Billing Method: [] Calendar Month [] 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon _____

Does the Family qualify for or receive any other subsidies or discounts? [] Yes [] No

If yes, provide source and amount: Source: _____ Amount: _____

Other Applicable Fees: [] Registration Fee

Total Other Fees Charged: \$ _____

Are there any future rate or attendance changes expected within next six (6) months? [] Yes [] No

If yes, explain: _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form Phone Number

Signature of Provider completing this form Date

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GSA Subsidy Administration Section
2300 Main Street - 2SE, Kansas City, MO 64108
Tel: (866) 508-0371 Fax: (816) 823-4582
cbp.childcare@gsa.gov



GSA Subsidy Administration Section
National Park Service (NPS) Family Enrollment
Provider Cost Verification Form

Provider Name: Merrifield Child Development Academy
Vendor #: 453213444 00001 Email: merrifield.cda@verizon.net
Phone #: 703-204-0203 Fax #: 703-206-9052
Physical Address: 8122 Ransell Road
0
City: Falls Church State: VA Zip Code: 22042

Remit to Address:
City: State: Zip Code:

Family Action: ___ New Family Enrollment ___ Rate Change ___ Attendance Change ___ Adding Child
Please complete one form per child

Printed Name of Qualifying Employee: Last ___ First ___ MI ___

Child Name: _____

Child's Enrollment Date (start date of care): _____ Date of Birth (DOB) _____

Type of Care (check all that apply):
[] FT [] PT [] Before School Only [] After School Only [] Before and After School

[] Summer/Holiday Full Date Rate (school aged): Daily Rate = _____ Hourly Rate = _____

Number of Days/Week: _____ Number of Hours per day/week: _____

Provide final cost after deducting all discounts:

Weekly Cost \$ _____ Monthly Cost \$ _____

Hourly \$ _____

Billing Method: [] Calendar Month [] 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon _____

Does the Family qualify for or receive any other subsidies or discounts? [] Yes [] No

If yes, provide source and amount: Source: _____ Amount: _____

Other Applicable Fees: [] Registration Fee

Total Other Fees Charged: \$ _____

Are there any future rate or attendance changes expected within next six (6) months? [] Yes [] No

If yes, explain: _____

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

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Signature of Provider completing this form

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