

GSA Subsidy Administration Section

U.S. Army Family Enrollment Provider Cost Verification Form

Fax # 703-206-9052

Provider Name: Merrifield Child Development Academy

Vendor # 453213444 00001 Email: merrifield.cda@verizon.net

Physical Address: 8122 Ransell Road

Phone #

703-204-0203

ow. Falla Church	State: VA	71: 0 de 2012				
City: Falls Church	State: VA	Zip Code: 22042				
Remit to Address: City:	State:	Zip Code:				
Family Action:New Family Enrollme	ntRate ChangeAttendance Change	eAdding 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):	PT Before School Only After School Only	Before and After School				
Summer/Holiday Full Date Rate (school aged): Da	ily 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 04/5 Week Month If 4/5 Week billing, provide day of week billing is based upon						
Does the Family qualify for or receive any other su	bsidies or discounts? Yes) _{No}				
If yes, provide source and amount:	urce: 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 expect	ed within next six (6) months? Yes No					
If yes, explain:						
	e/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy term ly Administration Program as a qualifying child care provider.	inated and would be removed from the GS				
Printed Name of Qualifying Child Care Provider o	ompleting this form Pho	one Number				

Signature of Provider completing this form

ARMY 2015-01



GSA Subsidy Administration Section

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

Merrifield Child Development Academy **Provider Name:** 453213444 00001 Email: merrifield.cda@verizon.net Vendor# 703-204-0203 Fax # 703-206-9052 Phone # 8122 Ransell Road **Physical Address:** City: Falls Church State: VA Zip Code: 22042 Remit to Address: 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_____ **Child Name:** Date of Birth (DOB) Child's Enrollment Date (start date of care): FT PT Before School Only After School Only Before and After School Type of Care (check all that apply): 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: Monthly Cost \$ Weekly Cost \$ Hourly \$ Calendar Month 04/5 Week Month If 4/5 Week billing, provide day of week billing is based upon_ Billing Method: Does the Family qualify for or receive any other subsidies or discounts? If yes, provide source and amount: Source: Amount: Registration Fee Other Applicable Fees: (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? 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



Provider Name:

GSA Subsidy Administration Section

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

Merrifield Child Development Academy 00001 453213444 Email: merrifield.cda@verizon.net Vendor# 703-204-0203 Fax # 703-206-9052 Phone # 8122 Ransell Road **Physical Address:** City: Falls Church State: VA Zip Code: 22042 Remit to Address: 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_____ **Child Name:** Child's Enrollment Date (start date of care): Date of Birth (DOB) FT PT Before School Only After School Only Before and After School Type of Care (check all that apply): 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 \$ Calendar Month 4/5 Week Month If 4/5 Week billing, provide day of week billing is based upon_ Billing Method: Does the Family qualify for or receive any other subsidies or discounts? 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? 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

childcare@gsa.gov



Provider Name:

Marrifield Child Development Academy

GSA Subsidy Administration Section

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

Flovider Name.	wich micia offina	Developing	one Academy			
Vendor #	453213444	00001	Email	: merrifield.cda@	verizon.net	
Phone #	703-204-0203		Fax #	703-206-9052		
Physical Address:	8122 Ransell Ro	oad				
	0					
City	: Falls Church			State: VA	Zip Code: 22042	
Remit to Address:						
City	:			State:	Zip Code:	
Family Action:	New Family Enro		Rate Change	_	Adding Child	
Printed Name of Qualify	ring Employee: Last			First	MI	
Child Name:						
Child's Enrollment Date	(start date of care):			Date of Birth (DOB)		
Type of Care (check a	II that apply):	FT PT	Before School Onl	ly After School Only	Before and After School	
Summer/Holid	ay Full Date Rate (school age	ed): Daily Rate = _	Hou	urly Rate =		
Number of Days/Week:		Nun	nber of Hours per day/week	:		
Provide final cost afte	r deducting all discount	ts:				
Weekly Cost	\$	_	Monthly Cost \$	S		
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 qualif	fy for or receive any oth	er subsidies or	discounts?	Yes	No	
If yes, provide s	source and amount:	Source:		Amount:		
Other Applicable Fees	: Registrati	on Fee				
Total Other Fees Charge	ed: \$					
Are there any future rate	e or attendance changes	expected within r	next six (6) months?	Yes No		
If yes, explain	ı:					
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 Car	e Provider completing this	s torm		Phone Number	

Signature of Provider completing this form



GSA Subsidy Administration Section

National Park Service (NPS) Family Enrollment Provider Cost Verification Form

Merrifield Child Development Academy **Provider Name:** 453213444 00001 Email: merrifield.cda@verizon.net Vendor# Fax # 703-206-9052 703-204-0203 Phone # 8122 Ransell Road **Physical Address:** State: VA City: Falls Church 22042 Zip Code: Remit to Address: Citv: 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 ______ First ______ MI_____ Child Name: Child's Enrollment Date (start date of care): Date of Birth (DOB) PT Before School Only After School Only Before and After School Type of Care (check all that apply): 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: Monthly Cost \$ Weekly 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? If yes, provide source and amount: Source: Other Applicable Fees: **Registration Fee Total Other Fees Charged:** Are there any future rate or attendance changes expected within next six (6) months? 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