



Student Name: _____

Student I.D.: _____

Provider Section:

The above mentioned student has indicated that you are the childcare provider for his/her child/children. Please complete the section below verifying childcare expenses.

Child/Children Name(s)	Age	Period of enrollment (MM/DD/YY to MM/DD/YY)	Weekly Amount Paid

Name of Facility (if day home provider, see below)

Representative's Signature

Phone Number

Day Home Provider

Provide Name

Phone Number

Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail or both. Disciplinary action will also be taken by the university.