



## Child Care Provider Statement

**Students Name:** \_\_\_\_\_

**Social Security Number or Student I.D.:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Period of attendance: Please indicate the year you are trying to receive childcare assistance for:  
**Academic Year:** \_\_\_\_\_

Please indicate the number of hours you will attend for each term:

**Summer:** \_\_\_\_\_ **Fall:** \_\_\_\_\_ **Winter:** \_\_\_\_\_ **Spring:** \_\_\_\_\_

Child or Children Receiving Daycare:

**Number of children:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

This Statement certifies that the undersigned Childcare Provider does provide \_\_\_\_\_ hours of childcare per week for the above named child or children.

**Hourly rate per child:** \_\_\_\_\_

**Childcare Provider:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Director of facility:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Childcare Provider**

\_\_\_\_\_  
**Date**

By signing this form you agree that all information is true and accurate to the best of your knowledge.

\_\_\_\_\_  
**Signature of Parent or legal Guardian**

\_\_\_\_\_  
**Date**