

Date: _____

Childcare Expense Estimate and Provider Certification

This form verifies your estimated childcare expenses for the academic period. Children must be **under age 13** and costs must be for days you attend classes. The amount reported on this form must be your out-of-pocket expense. **DO NOT** include amounts that will be paid by an organization or agency on your behalf. This form must be turned in to the Financial Aid Office with a completed Budget Adjustment Request in order for your childcare expenses to be considered. If you have more than one childcare provider, you must complete a separate form for each provider.

Instructions: Complete this form and sign the Statement of Certification. The Provider Certification must be completed by your childcare provider. Attach this form to your completed Budget Adjustment Request form and submit both to the Financial Aid Office by the deadlines listed on the Budget Adjustment Request.

I estimate my childcare expenses to be \$ _____ for the academic period (check one):
☐ Fall and Spring semesters
☐ Fall semester only
☐ Spring semester only

This estimate is based on my attending class _____ days per week in Fall semester and/or _____ days per week in Spring semester.

Name of Child	Age	Childcare Facility or Provider Information	
		Daily Rate Per Child	
1) _____	_____	1) \$ _____	_____
			_____ <i>Name of Facility or Provider</i>
2) _____	_____	2) \$ _____	_____
			_____ <i>Street Address</i>
3) _____	_____	3) \$ _____	_____
			_____ <i>City, State, Zip Code</i>
4) _____	_____	4) \$ _____	_____
			_____ <i>Telephone Number</i>
5) _____	_____	5) \$ _____	_____

Provider Certification: I certify that the above amount is an accurate estimate of the childcare expenses that will be paid by the student to me or to the facility I represent.

Name of Provider (please print)

Signature of Provider

Date

Student Statement of Certification: I certify that the above information is true and complete. I give my permission for Financial Aid Office staff to verify the above estimate with my childcare provider.

Student Signature

Date