



Day Care Statement

Name: _____ Date: _____

Social Security Number: _____

Student ID Number (SID): _____

Please complete the following and return to our office.

I certify that:

Name of Child/Children

Ages

Name of Provider

Address of Provider

Amount Student pays per month (to be complete by provider)

Signature of Day Care Provider

I must pay this amount per month out of my pocket or with my financial aid. No agency pays for my daycare.

Signature of Student