

AUG DAYCARE ALLOWANCE REQUEST



The cost of unsubsidized childcare (the portion of licensed childcare costs not covered by a childcare subsidy from other agencies or governments) can be provided to students.

All students must submit monthly daycare invoices for reimbursement.

Student Name: _____

Campus: _____ Student # _____

Child(s) Legal Name:

Please attach separate sheet if more space is needed.

Name of licensed childcare provider: _____

Phone: _____ Email: _____

_____ Total cost of monthly daycare
 - _____ **Minus:** Total amount of monthly subsidy
 = _____ Equals: Balance Payable (by parent/guardian)

Signature of licensed childcare provider: _____

Declaration:

1. I certify that all information provided on this form is complete and accurate;
2. I certify that I am not receiving childcare funding from any other agencies or governments;
3. I understand that all information provided in this form is subject to verification.

Student Signature	
Date	
Educational Advisor/Authorized Officer	
Authorized Signature	