

2024-2025 CHILDCARE EXPENSE FORM

Student Name _____ Student # _____ Phone _____

Please list the amount of childcare you will pay for each child PER MONTH for the 2024-2025 academic year (**August 2024 through May 2025, or May 2025 through July 2025 for the summer term**). Be sure to provide all information requested. You must also attach a receipt or statement documenting your childcare expenses. Your cost for childcare DOES NOT include tuition, or any amount paid by Social Services or another agency.

NOTE: You must provide a receipt for childcare that you have paid, or a statement from your childcare provider stating what your cost will be for childcare during the 2024-2025 academic year.

<u>Name of Child</u>	<u>Age of Child</u>	<u>Amount to be Paid Monthly by Student</u>	<u>Name, Address, and Phone Number of Daycare Provider</u>
1. _____	_____	\$ _____	_____ _____ _____
2. _____	_____	\$ _____	_____ _____ _____
3. _____	_____	\$ _____	_____ _____ _____
4. _____	_____	\$ _____	_____ _____ _____

The amount(s) listed above are paid during: Fall 2024 Spring 2025 Summer 2025

_____ Check here if your spouse will be enrolled at a post secondary school in at least 6 credit hours during one semester of the 2024-2025 academic year, and provide your spouse's name and SSN below:

I hereby certify that all the information provided above is true and complete to the best of my knowledge.

Student Signature _____ **Date** _____