

Student's Name (last, first)

Palomar

College

ID#

I authorize the appropriate office or representative to provide the following information requested by Palomar College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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## Child Care Provider Certification (One certification per dependent)

Name of Dependent Child

Age

Child Care Services

Period:

Month      Day      Year  
(no earlier than 8/23/07)

To

Month      Day      Year  
(no later than 5/20/08)

Days Per Week Child Care is Provided:  
(check-mark all applicable days)

Mon

Tues

Wed

Thurs

Fri

Hourly Rate:      \$ \_\_\_\_\_

Daily Rate:      \$ \_\_\_\_\_

Weekly Rate:      \$ \_\_\_\_\_

Total Monthly Cost: \$ \_\_\_\_\_

**I certify to the best of my knowledge the above information is true and correct regarding the above named student's child care service agreement with me for the 2007-2008 school year.**

\_\_\_\_\_  
Name of Child Care Service (If applicable)

\_\_\_\_\_  
Child Care Provider's Name (printed)

\_\_\_\_\_  
SS# OR TAX I.D.#

\_\_\_\_\_  
Child Care Provider's Signature      Date

\_\_\_\_\_  
Business License#

\_\_\_\_\_  
Contact Phone # \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**RETURN COMPLETED FORM TO THE FINANCIAL AID OFFICE**

*Palomar College Financial Aid & Scholarships Office*

**CHILD CARE EXPENSE REQUEST  
Fall 2007 & Spring 2008**

Financial Aid Student:

If you would like to have your childcare expenses included in your 2007-2008 Cost of Attendance, you must complete the section below *and* have your licensed childcare provider complete a Child Care Expense & Student Certification form for *each* child served.

Consideration of childcare expenses is contingent upon other resources available to the student.

Students are required to inform the Financial Aid Office if they are receiving any childcare benefits or subsidy. In addition, students are expected to inform the office of any changes in childcare resources or expenses. Only childcare expenses paid by the student to a licensed provider will be considered.

Submit all completed request form(s) to the Financial Aid Office.

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Student's Name (last, first )

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Name & Age of All Dependent Children Living With Student:

Name

Age

Name

Age

Applicant/Recipient for EOPS Child Care Grant/Services:

Yes

No

Applicant/Recipient for Free Services at Palomar Child Care Center:

Yes

No

Recipient of Subsidized Child Care Income or Services:

Yes

No

I hereby state that the information provided on this form and all Child Care Provider Certification forms is true, correct and current to the best of my knowledge. Further, I state that if my financial resources and expenses relative to my childcare situation should change, I will notify the Financial Aid Office immediately.

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Student's Signature

Date

**Note:** The Child Care Provider must complete the Certification form on the reverse side for each dependent being served.