

DAYCARE PROVIDER STATEMENT

What academic year are you wanting Daycare added to? _____

If you wish to have daycare expenses added to your budget, you should have the daycare provider that you will use **while in attendance at NDSCS** complete this form and return it to the Financial Aid Office.

Name: _____

NAID Number: _____

Name of Daycare Provider: _____

Address of Provider: _____

Phone Number of Provider: _____

Please list below the name(s) of the child(ren) for the student listed above for which you provide daycare, the number of hours per week, the hourly/weekly or monthly charges and the total **family** charge per month.

ONLY INCLUDE THE AMOUNT THE STUDENT PAYS NOT OUTSIDE AGENCIES			
Name(s)	Hours per week	Hourly/Weekly charge	Monthly charge
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total Family Charge(s):

_____ I am a licensed daycare provider. My license # is: _____

_____ I am at least 18 years of age and legally exempt from daycare licensing. I will care for these children in my home. Under the exempt status, I will care only for the children of the student listed above.

Student Signature: _____ Date: _____

Provider's Signature: _____ Date: _____