



## 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