



# Childcare Verification Form

Fall 20\_\_\_\_  
Spring 20\_\_\_\_

<b>STUDENT INFORMATION:</b>		Date: _____	Student ID: _____
Name: _____			
Address: _____		Phone: _____	
City: _____		Zip _____	

## PROVIDER'S INFORMATION:

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Are you a licensed Childcare Provider?

No, SSN# \_\_\_\_\_  Yes, License # \_\_\_\_\_

Are you related to the Child?

No  Yes, Relationship to Child \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

## **CHILDCARE IS PROVIDED DURING THE FOLLOWING DAYS AND TIMES:**

DAYS	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

**Estimated childcare cost for the semester: \$** \_\_\_\_\_

I will be caring for the Child listed above. I understand that any agreements made between me and the EOPS/CARE student is the sole responsibility of the EOPS/CARE Student.

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

I certify that the information above is true and correct and the above childcare is provided solely for the purposes of class attendance, study time on campus, counseling appointments, workshops and orientations. I understand that I am responsible for paying the childcare provider. After reviewing available childcare providers, I recommend this provider to care for my Child. I feel confident that this provider's qualifications are satisfactory and the facilities are safe and provide a healthy environment for my Child. I also hereby give EOPS/CARE permission to verify my child's attendance with my provider.

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

\_\_\_\_\_  
**Date**