



## 2009-2010 DAYCARE PROVIDER STATEMENT

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: \_\_\_\_\_