



CHILDCARE EXPENSE WORKSHEET

Completion of this worksheet is required for consideration to include childcare expenses in your educational budget for the 2024-25 academic year. Fill out all sections and submit the form to the Financial Aid Office.

Student Name:	<input type="text"/>	SSN:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Street	City	State
			Zip Code
Phone/Cell:	<input type="text"/>	Email:	<input type="text"/>

ENROLLMENT DATA:

List actual or estimated credits for each term you will be enrolled and requiring childcare. These credits will be utilized to help determine the total eligible childcare expense.

Summer 2024 Credits:

On Campus:	<input type="text"/>
Online: +	<input type="text"/>
Total: =	<input type="text"/>

Fall 2024 Credits:

On Campus:	<input type="text"/>
Online: +	<input type="text"/>
Total: =	<input type="text"/>

Spring 2025 Credits:

On Campus:	<input type="text"/>
Online: +	<input type="text"/>
Total: =	<input type="text"/>

Summer 2025 Credits:

On Campus:	<input type="text"/>
Online: +	<input type="text"/>
Total: =	<input type="text"/>

EXPENSE INFORMATION:

The student/provider is responsible to translate monthly or weekly fees or multi-child pricing into an hourly rate per child. Use comment field to note any particular circumstances that require special/more expensive care.

Child/Dependent Name	Age	Expense Amount	Comments (optional)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> /per hour	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> /per hour	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> /per hour	<input type="text"/>

CARE PROVIDER INFORMATION:

Name:	<input type="text"/>	City/State:	<input type="text"/>	Phone:	<input type="text"/>
Type (check one):	<input type="checkbox"/> Individual	<input type="checkbox"/> Company (list name):	<input type="text"/>		

By signing below, the student certifies that the information provided on this worksheet is a true reflection of childcare obtained/costs being incurred as a result of college attendance.

Student Signature: _____ Date: _____

The childcare provider certifies that the student listed above is currently receiving childcare services as noted above.

Care Provider Signature: _____ Date: _____