

## SUMMER 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 Devecto Drevider
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: