

Financial Aid Office
 One Shields Avenue
 (530) 752-2390

University of California
 Davis, CA 95616-8596
 financialaid.ucdavis.edu

**CHILD CARE FUNDING REQUEST
 2006-2007 Academic Year**

To request additional financial aid for child care costs:

1. Complete Section A of this form.
2. Have your child care provider complete Section B of this form. Use separate forms if you employ more than one provider.
3. Submit this form and a copy of your child care contract or agreement, if there is one, to the Financial Aid Office.

STUDENTS IN THE SCHOOLS OF LAW OR MEDICINE SHOULD CONTACT THEIR RESPECTIVE FINANCIAL AID OFFICES.

SECTION A (Completed by student)				
NAME:		Student I.D. #:		
ADDRESS:				
TELEPHONE:		E-MAIL:		
Name(s) of Dependents Requiring Child Care				Age
<p><i>To receive financial aid for child care expenses, you are required to provide information about other child care subsidies you are receiving or expect to receive during the year. Please be advised that the Financial Aid Office will cross-reference the information you provide with information provided by La Rue Park Child Development Center, Russell Park Child Development Center, the City of Davis Child Care Service Subsidies Program and the UC Davis Child Care Subsidy Program. Additional child care subsidies received from these or other sources during the year may result in reduction or cancellation of child care funding provided by the Financial Aid Office.</i></p> <p>Do you receive child care subsidies from other sources (e.g., Cal Works, City of Davis Child Care Services Subsidies, UC Davis Child Care Subsidy) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate the source and the amount received per month for all children listed in Section A:</p>				
<p>Graduate Students Only Are you claiming this child as a dependent for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, tell us the name and relationship of the person who claims the Child Credit:</p>				
<p>I certify that the above information is true and correct, and I authorize the UC Davis Financial Aid Office to obtain information about child care subsidies that I may be receiving from the City of Davis or UC Davis.</p>				
Student's signature:			Date:	

SECTION B (Completed by child care provider)				
NAME:				
ADDRESS:				
TELEPHONE:		E-MAIL:		
Names of Student's Dependents for Whom You Provide Care	Fee/Per**	Number of Days Each Month	Total Amount (\$) Each Month	Beginning and End Dates of Care
<p>** Indicate per hour, day, week, or month. Proposed total \$ _____ for all children during the academic year.</p>				
<p>I certify that the above information is true and correct.</p>				
Child Care Provider's signature:			Date:	