

**SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE  
FINANCIAL AID OFFICE  
AY 2011-2012 VERIFICATION OF CHILD CARE EXPENSES  
FALL/SPRING/SUMMER**

<b>NAME:</b>	<b>SSN:</b>
<b>ADDRESS:</b>	<b>TELEPHONE NO.</b>

**Please provide the information below for your dependent children who will be in childcare during Fall/Spring/Summer term(s). Do not include your dependent children who are attending a private school, including kindergarten. Please check which term(s) you will be attending SIPI:**

\_\_\_ FALL'11      \_\_\_ SPRING '12      \_\_\_ SUMMER '12

**Childcare provider's printed name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**COMPLETE THIS SECTION ONLY FOR FALL/SPRING/TERMS.**

CHILD'S NAME	AGE	DAYS OF WEEK IN CHILD CARE	# OF HRS. EA	AMT. YOU PAY EA. WK.	AMT. PAID BY OTHER SOURCE
		M T W TH F			
		M T W TH F			
		M T W TH F			
		M T W TH F			
		M T W TH F			
		M T W TH F			

<b>I certify that the information I have provided above is true and correct to the best of my knowledge.</b>	
<i>Signature:</i> _____ (Student)	<i>Date:</i> _____

<b>I certify that the information above is true and correct to the best of my knowledge.</b>	
<i>Signature:</i> _____ (Childcare Provider's Signature)	<i>Date:</i> _____