

**SOUTHWESTERN INDIAN POLYTECHNIC INSTITUE
FINANCIAL AID OFFICE
AY 2009-2010 VERIFICATION OF CHILD CARE EXPENSES
FALL/SPRING/SUMMER**

NAME:	SSN:
ADDRESS:	TELEPHONE NO.

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 '09** ___ **SPRING '10** ___ **SUMMER '10**

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			

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

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