

## 2016-2017 CHILD CARE VERIFICATION FORM

Student's Name: \_\_\_\_\_ SID: \_\_\_\_\_  
 (Please Print)

Please indicate which quarters you require child care:     Fall     Winter     Spring

I, the parent, am enrolled at UC Riverside and I authorize the Financial Aid Office to verify the information below.

\_\_\_\_\_ Phone Number \_\_\_\_\_  
 Child Care Provider's Name

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Child Care Provider's Address

\_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Name of Child

\_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Name of Child

\_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_  
 Name of Child

**To be completed by child care provider:** I certify that the above is paying child care for the children listed on this form as follows:

Amount of child care \$ \_\_\_\_\_     Monthly     Weekly

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature (Child Care Agency Representative/Babysitter)

\_\_\_\_\_ Date \_\_\_\_\_  
 Student Signature

**OFFICE USE ONLY**

Approved     Yes

No

Comment \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_