



SID # \_\_\_\_\_

**6. TO BE COMPLETED BY CHILD CARE PROVIDER**

I certify that \_\_\_\_\_ is paying child care for the children listed on this form as follows:

Customer Name

Amount of child care \$ \_\_\_\_\_ Circle One: Monthly Weekly

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***Print, sign and email as a PDF form to [fadocs@ucr.edu](mailto:fadocs@ucr.edu). Processing timelines apply.***