

CUYAMACA COLLEGE
 900 Rancho San Diego Parkway
 El Cajon CA 92019-4304
 (619) 660-4293 Fax (619) 660-4279
CARE Childcare Verification
 20__ - 20__

Name _____ Student ID# _____

SECTION A

COMPLETE the chart below. Indicate **ONLY** the hours for which you need CARE to assist you with childcare expenses for: (check one)
 Summer Fall Spring 20__ . Please indicate the activity you will be performing during that time. Childcare expenses that can be covered by CARE are **study time**.

	TIME IN	TIME OUT	ACTIVITY	TOTAL HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

SECTION B

Please list the name(s), age(s) and birthday(s) of the child(ren) under age of 14 requiring childcare:

Name: _____ Birthdate: _____ Age: _____
 Name: _____ Birthdate: _____ Age: _____
 Name: _____ Birthdate: _____ Age: _____
 Name: _____ Birthdate: _____ Age: _____

Signature of Applicant _____ Date: _____

PROVIDER STATEMENT

You must have your childcare provider complete this section

I will be caring for the child(ren) listed above at the hours indicated. I understand that CARE may be reimbursing this student for a portion of his/her childcare expenses and **it is the student's responsibility to pay me** for any childcare expenses incurred. I am currently charging this student \$ _____ per _____.

 Name of Provider (Please Print)

 Social Security Number of Provider

 Street Address

 Driver's License/CA ID Number of Provider

 City Zip

(_____) _____
 Area Code Phone Number

Signature of Provider: _____

Original – CARE Office
 Yellow – Student's copy
 Pink – Provider's copy

Average Provider Rate: YMCA Hourly - \$7.50 Daily - \$25.00 Weekly - \$125.00
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