

Child Care Subsidy Program

DAYCARE PROVIDER FORM

Student Name _____ Student ID # _____

Please have your Daycare Provider complete this form. This form needs to be done once each Fall and Spring, unless you change providers, have an increase in children or some other significant change in the monthly amount you will be paying a month for childcare. If you have different providers for your children, please make a copy of this sheet and submit to each provider for completion.*

PROVIDER (DAYCARE) NAME _____

Contact Name _____

Address (location) of facility _____

Phone number of facility _____

STATE LICENSE NUMBER _____ Expiration date _____

(We do not need to know the amount that the student receives in assistance, just purely what the student actually pays.)

1st child amount \$ _____

2nd child amount \$ _____

3rd child amount \$ _____

Once accepted into the WSU Health Sciences Subsidy Program, the student will be required to have a Verification form filled out each semester by a representative of your facility. The form has to be turned in by **October 1st (Fall) and February 11th (Spring).**

Any Questions? Contact the Student Success Center at 509.358.7740 or by email at spok.studentsuccess@wsu.edu

Provider Signature: _____ Date: _____

**If you change providers, to continue to be eligible, you need to have this form completed by your new provider and turned in within 10 business days of the change or you will lose your eligibility for that semester.*