

# 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.)***

1<sup>st</sup> child amount \$ \_\_\_\_\_

2<sup>nd</sup> child amount \$ \_\_\_\_\_

3<sup>rd</sup> 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 1<sup>st</sup> (Fall) and February 11<sup>th</sup> (Spring).**

**Any Questions?** Contact the Student Success Center at 509.358.7740 or by email at [spok.studentsuccess@wsu.edu](mailto: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.*