



NOVA SOUTHEASTERN UNIVERSITY
 OFFICE OF STUDENT FINANCIAL ASSISTANCE
 3301 College Ave., Fort Lauderdale, FL 33314-7796
 (954) 262-3380 - 800-806-3680- Fax (954) 262-3966

**PROFESSIONAL JUDGMENT
 CHILD CARE STATEMENT
 2007-2008**

Student Name _____ SS#/NSU ID _____

Address _____

_____ Phone # _____

Children's Names _____	Age _____
_____	_____
_____	_____
_____	_____

Name of Child Care Provider _____
 Address _____

 Phone _____

NOTE: The Child Care provider must be approved by an HRS-approved facility. Please submit, with this application, the following STATEMENT CERTIFIED by the DAY CARE to whom you are paying child care. This cannot be an estimate. Your child(ren) must attend the day care center listed below. If you cease having your child attend, you must notify the Office of Student Financial Assistance immediately. The Office of Student Financial Assistance has the right to contact the Child Care provider to verify this information.

CHILD CARE PROVIDER

I certify this is an HRS-approved facility and that _____ **pays**
 child care in the amount of _____ per week (cannot be an estimate) for
 the following children:

Name of DAY CARE CENTER _____
 Address _____
 _____ Phone _____

Supervisor's
 Name _____ Signature _____
 Date _____
 ID# _____