



Office of Student Financial Assistance
 3301 College Avenue • Fort Lauderdale, Florida 33314-7796
 (954) 262-3380 • 800-541-6682 • Fax (954) 262-3966



PROFESSIONAL JUDGMENT CHILD CARE STATEMENT 2008-2009

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 a federal or state approved and licensed child care facility. If you are using an au pair, you must indicate the name of the federal or state approved and licensed agency with who the au pair is employed. Please submit, with this application, the following STATEMENT CERTIFIED by the day care facility/agency to whom you are paying child care. This **cannot** be an estimate. If you list a day care facility, your child(ren) must attend the day care center listed below. If your child care ceases as indicated below, 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 that this is a state regulated and licensed child care facility, or a federal or state licensed au pair agency and that _____ **pays** child care in the amount of _____ per week (cannot be an estimate) for the following children:

Name of federal or state approved and licensed child care facility or agency: _____ ID# _____

Address _____
 _____ Phone _____

Supervisor's Name _____ Signature _____
 Date _____