2015-2016 PROFESSIONAL JUDGMENT CHILD CARE STATEMENT

Student Name _______________________________________________ SS#/NSU ID __________________________

Address ______________________________________________________ Phone # ____________________________

Street, City, State, Zip

Instructions: Please have your current child care provider complete the bottom portion of this form. The child care provider must be a federal or state approved and licensed child care facility or a non-HRS approved child care provider who is NOT an immediate family member. For Non-HRS approved child care providers, a notarized signature is required. If you are using an au pair, you must indicate the name of the federal or state approved and licensed agency with whom the au pair is employed. If there is a change in your child care arrangement as indicated below, you must notify the Office of Student Financial Assistance immediately. The Office of Student Financial Assistance reserves the right to contact the Child Care provider to verify the information provided.

TO BE COMPLETED BY: CHILD CARE PROVIDER

Name of Child Care Facility/Provider: ___________________________________________________________________

Address: ____________________________________________________________________________________________

Street, City, State, Zip

Phone: ____________________________________________ ID Number: ___________________________________

Required for federal or state approved and licensed child care facility or agency.

I certify that this is a (please check one):

☐ State regulated and licensed child care facility;

☐ Federal or state licensed au pair agency; or

☐ Non-HRS approved child care provider* who is NOT an immediate family member.

I certify, that ___________________________ pays the following child care fees. Please list exact amounts:

<table>
<thead>
<tr>
<th>Name of student</th>
<th>Age</th>
<th>Cost per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________________________________________________________</td>
<td></td>
<td>$___________</td>
</tr>
<tr>
<td>2. __________________________________________________________________________</td>
<td></td>
<td>$___________</td>
</tr>
<tr>
<td>3. __________________________________________________________________________</td>
<td></td>
<td>$___________</td>
</tr>
<tr>
<td>4. __________________________________________________________________________</td>
<td></td>
<td>$___________</td>
</tr>
</tbody>
</table>

To add additional children, please use the reverse side of this form.

Name of Person Completing Form on behalf of Child Care Center: ____________________________________________

Signature:__________________________________________________________________ Date:__________________

*For Non-HRS approved child care providers, a notarized signature is required.

Notary Signature ________________________________ Notary Stamp: