



2024-2025 PROFESSIONAL JUDGMENT CHILDCARE STATEMENT

Student Name _____ NSU ID _____
Last Name, First Name

Address _____ Phone # _____
Street, City, State, Zip

Instructions: Please have your current childcare provider complete the bottom portion of this form. The childcare provider must be a federal or state-approved and licensed childcare facility or a non-HRS-approved child care provider who is NOT an immediate family member. For non-HRS-approved childcare 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 childcare arrangement as indicated below, notify the Office of Financial Aid immediately. The Office of Financial Aid reserves the right to contact the childcare provider to verify the information provided.

TO BE COMPLETED BY: CHILDCARE PROVIDER

Name of Child Care Facility/Provider: _____

Address: _____
Street, City, State, Zip

Phone: _____ ID Number: _____

Required for federal or state-approved and licensed
childcare facility or agency

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

- ☐ **State-regulated and licensed childcare facility;**
- ☐ **Federal or state-licensed au pair agency; or**
- ☐ **Non-HRS-approved childcare provider* who is NOT an immediate family member**

I certify, that _____ pays the following childcare fees. Please list exact amounts:
Name of student

Name of Child (Last Name, First Name)	Age	Cost per Week
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

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

Name of person completing the form on behalf of childcare center: _____

Signature: _____ Date: _____

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

Notary Signature _____ Notary Stamp: _____