FINANCIAL AID AND ACADEMIC RECORDS Office of Financial Aid 3300 S. University Drive

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## 2026-2027 PROFESSIONAL JUDGMENT CHILDCARE STATEMENT

Last Name, First Name  Address  Street, City, State, Zip  Instructions: Please have your current childcare provider complete the bottom portion of this form. The childcare provimust be a federal or state-approved and licensed childcare facility or a non-HRS-approved child care provider who is Na immediate family member. For non-HRS-approved childcare providers, a notalized signature is required. If you are use an au pair, you must indicate the name of the federal or state-approved and licensed agency with whom the au pair employed. If there is a change in your childcare arrangement as indicated below, notify the Office of Financial Rid reserves the right to contact the childcare provider to verify the information provider.  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  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 many pays the following childcare fees. Please list exact amounts:  Name of Child (Last Name, First Name)  Age Cost per We  Sala Sala Sala Sala Sala Sala Sala Sal	Student Name	NSU ID	
Street, City, State, Zip  Instructions: Please have your current childcare provider complete the bottom portion of this form. The childcare provimust be a feedral or state-approved and licensed childcare facility or a non-HRS-approved child care provider who is Nan immediate family member. For non-HRS-approved childcare providers, a notarized signature is required. If you are us an au pair, you must indicate the name of the federal or state-approved and licensed agency with whom the au pair amployed. If there is a change in your childcare arrangement as indicated below, notify the fofce of Financial memediately. The Office of Financial Aid reserves the right to contact the childcare provider to verify the information provider.  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;  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 Child (Last Name, First Name)  Age:  Signature:  \$  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.	Last Name, First Name		
Instructions: Please have your current childcare provider complete the bottom portion of this form. The childcare provinust be a federal or state-approved and licensed childcare facility or a non-HRS-approved child care provider who is N an immediate family member. For non-HRS-approved childcare providers, a notarized signature is required. If you are use an au pair, you must indicate the name of the federal or state-approved and licensed agency with whom the au pai employed. If there is a change in your childcare arrangement as indicated below, notify the Office of Financial memediately. 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	Address	Phone #	
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Address: Street, City, State, Zip  Phone:   ID Number:   Required for federal or state-approved and licensed childcare facility or agency    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   Certify, that   pays the following childcare fees. Please list exact amounts:    Name of Child (Last Name, First Name)   Age   Cost per Western Cost per We	TO BE COMPLETED BY: CHILDCAI	ARE PROVIDER	
Phone:	Name of Child Care Facility/Provider:		
Required for federal or state-approved and licensed childcare facility or agency    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    Certify, that	Address:Street, City, State, Zip		
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Name of Child (Last Name, First Name)  Age Cost per We start of Child (Last Name, First Name)  Substituting the form on behalf of childcare center:  Signature:  Part Non-HRS approved childcare providers, a notarized signature is required.	☐ Non-HRS-approved childcare provider* who is NOT an immed	nediate family member	
1	l certify, that pays the following childca	dcare fees. Please list exact amounts:	
2	Name of Child (Last Name, First Name)	Age Cost per We	ek
3	1	\$	
4\$	2	\$	
To add additional children, please use the reverse side of this form.  Name of person completing the form on behalf of childcare center:	3	\$	
Name of person completing the form on behalf of childcare center:  Signature:  Date:  *For Non-HRS approved childcare providers, a notarized signature is required.	4	\$	
Signature: Date:*  *For Non-HRS approved childcare providers, a notarized signature is required.	To add additional children, please use the reverse side of this form.		
*For Non-HRS approved childcare providers, a notarized signature is required.	Name of person completing the form on behalf of childcare center:		
	Signature:	Date:	
Notary SignatureNotary Stamp:	*For Non-HRS approved childcare providers, a notarized signature is rec	required.	
	Notary SignatureNotary Stamp:	np:	