

To request additional financial aid for child care costs that exceed the child care allowance in your basic student expense budget:

1. Section A of this form to be completed by the UC Davis student.
2. Section B of this form to be completed by your Child Care Provider. Use separate forms if you employ more than one provider.
3. Submit this form to the Law Financial Aid Office. Attach a copy of your child care contract or agreement, if there is one.

SECTION A (Completed by student)	
Name _____	Student I.D. # _____
Address _____	
City _____	State _____ Zip Code _____
Telephone _____	E-mail _____
Name(s) of Dependents Requiring Child Care	Age
<p><i>To receive Financial Aid for child care expenses, you are required to provide information about other child care subsidies you are receiving or expect to receive during the year. Please be advised that the Financial Aid Office will cross-reference the information you provide with information provided by La Rue Park Child Development Center, Russell Park Child Development Center, the City of Davis Child Care Service Subsidies Program and the UC Davis Child Care Subsidy Program. Additional child care subsidies received from these or other sources during the year may result in reduction or cancellation of child care funding provided by the Financial Aid Office.</i></p>	
<p>Do you receive child care subsidies from other sources (i.e., Cal Works, City of Davis Child Care Services Subsidies)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO -- <i>If yes, indicate the source and the amount received per month for all children listed above:</i></p>	
<p>I certify that the above information is true and correct, and I authorize the UC Davis Law Financial Aid Office to obtain information about child care subsidies that I may be receiving from the City of Davis or UC Davis.</p>	
_____ Student's signature	_____ Date

SECTION B (Completed by child care provider)				
Name _____				
Address _____				
Telephone _____			E-mail _____	
Names of Student's Dependents for Whom you Provide Care	Fee/Per *	Number of Days Each Month	Total Amount (\$) Each Month	Beginning and End Dates of Care
* Indicate per hour, day, week, or month. Proposed total \$ _____ for all children during the academic year.				
I certify that the above information is true and correct.				
Child Care Provider's signature _____			Date _____	