



## Childcare Expenses for Class Attendance

***(Please Print)***

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student's Address \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

**(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)**

I certify that I have dependent children between the ages of birth and 11 years who will be living with me during the 2008-2009 school year and receiving more than ½ of their financial support from me.

Please list all children you will pay Childcare Expenses for class attendance:

<b>Name of Child</b>	<b>Age</b>	<b>Amount (per week)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date