

**The Pennsylvania State University Student-Parent Child Care Subsidy
Program Student-Parent Child Care Needs Form**

Child Care Provider: _____

Student Parent Last Name:		Student Parent First Name:	
1 st Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Weekly Tuition Rate: \$ _____ / Week		Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours in Care per Week: / Week
2 nd Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Weekly Tuition Rate: \$ _____ / Week		Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours in Care per Week: / Week

Note: Please attach/send current child care tuition fees & rates along with this form.

****I verify that this is the rate for the child(ren) listed above with a start date of _____****

Child Care Center Representative Signature

Date