



## CHILDCARE SCHOLARSHIP PROVIDER VERIFICATION FORM

Family Information (Please complete one form per child):

1. Parent name: \_\_\_\_\_
2. Child's name: \_\_\_\_\_
3. Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Child's age: \_\_\_\_\_
5. Date child started/will start attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Information:

1. Provider name as shown on W-9: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact person: \_\_\_\_\_
5. Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Provider Cost Information:

Please indicate the total childcare cost for each month that child will be enrolled at your facility:

FALL SEMESTER:

September \$ \_\_\_\_\_ October \$ \_\_\_\_\_ November \$ \_\_\_\_\_ December \$ \_\_\_\_\_

SPRING SEMESTER:

January \$ \_\_\_\_\_ February \$ \_\_\_\_\_ March \$ \_\_\_\_\_ April \$ \_\_\_\_\_ May \$ \_\_\_\_\_

If the parent will be receiving other financial assistance to pay for childcare, please indicate here:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Provider Licensure Information:

Please provide the following information with this form:

- A copy of the childcare provider's state license
- A copy of the childcare provider's IRS Form W-9, "Request for Taxpayer Identification Number and Certification."

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_