



ENROLLMENT INFORMATION
CHILDCARE ASSISTANCE PROGRAM

Student Name: (last) (first) (middle initial)
Last Four Digits of Student SSN: XXX - XX -
UW Student ID #:

I am applying for the following application period:

Application Quarter: Application Year:

1. CHILDCARE ENROLLMENT INFORMATION

List the childcare enrollment information for your child(ren):

Name of Child: Age Group:
Start date for childcare: End date for childcare:
Name of Provider: Provider Telephone:
Full Address of Provider:
License Number: Monthly Charge for Child: per month
Scholarships, discount, DSHS or other resources received to help for childcare costs: per month
Please indicate license type:
Home Center
School Affiliated Not Licensed

Name of Child: Age Group:
Start date for childcare: End date for childcare:
Name of Provider: Provider Telephone:
Full Address of Provider:
License Number: Monthly Charge for Child: per month
Scholarships, discount, DSHS or other resources received to help for childcare costs: per month
Please indicate license type:
Home Center
School Affiliated Not Licensed

Name of Child: \_\_\_\_\_ Age Group: \_\_\_\_\_

Start date for childcare: \_\_\_\_\_ End date for childcare: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Provider Telephone: \_\_\_\_\_

Full Address of Provider: \_\_\_\_\_

License Number: \_\_\_\_\_ Monthly Charge for Child: \_\_\_\_\_ per month

Scholarships, discount, DSHS or other resources received to help for childcare costs: \_\_\_\_\_ per month

Please indicate license type:

Home  Center

School Affiliated  Not Licensed

Name of Child: \_\_\_\_\_ Age Group: \_\_\_\_\_

Start date for childcare: \_\_\_\_\_ End date for childcare: \_\_\_\_\_

Name of Provider: \_\_\_\_\_ Provider Telephone: \_\_\_\_\_

Full Address of Provider: \_\_\_\_\_

License Number: \_\_\_\_\_ Monthly Charge for Child: \_\_\_\_\_ per month

Scholarships, discount, DSHS or other resources received to help for childcare costs: \_\_\_\_\_ per month

Please indicate license type:

Home  Center

School Affiliated  Not Licensed

**2. ADDITIONAL INFORMATION**

Please use this section to provide us additional information regarding your application in the box below. For example, if you are using the childcare provider for only one month or if you are receiving funding from other resources, please let us know because it can make a difference when determining your eligibility. You may also use this section to inform us if there is any other information you want us to know when processing your application.

Do you have additional information to provide?  Yes  No

**3. CERTIFICATION AND SIGNATURE**

**I certify the information provided on this form is true and complete to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_