



# Child Care Request

Student Name \_\_\_\_\_ UO ID \_\_\_\_\_ Aid Year \_\_\_\_\_ - \_\_\_\_\_

Terms:  Fall  Winter  Spring  Summer (summer requires separate request)

Children must be 12 years or younger to qualify for consideration, and must be part of your household. Documentation of payment may be requested prior to approval of the addition of childcare costs to your estimated student expenses.

### To Be Completed by the UO Student:

Source of child care subsidy or assistance (if applicable): \_\_\_\_\_

Amount of Child Care Subsidy: \$\_\_\_\_\_ or \_\_\_\_\_%

- I accept additional federal loans. Federal loan limits may affect eligibility.
- I will apply for a Federal Graduate PLUS Loan.
- I will apply for an Alternative Loan.
- I have a scholarship that will assist with my child care costs.

Name of Scholarship: \_\_\_\_\_

### To Be Completed by the Child Care Provider:

Are you a licensed childcare provider through the Oregon Child Care Division?  Yes  No

*If the provider is unlicensed, students must attach proof of payment to this form.*

If you are a relative of either the parent or child, please indicate your relationship: \_\_\_\_\_

Child's Name	Child's Age	Rate/Hour	Hours/Day	Days/Week	Weekly Cost
_____	_____	_____	X _____	X _____	= _____
_____	_____	_____	X _____	X _____	= _____
_____	_____	_____	X _____	X _____	= _____

Total Weekly Cost: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

This section completed by (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date