

**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
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Please indicate license type:
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2. ADDITIONAL INFORMATION

Attach documents verifying cost of your childcare provider

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: _____

4. HOW TO SUBMIT YOUR FORMS

Form as well as supporting documents can be submitted using information update form through following link:

<https://apps.concert.uw.edu/sign/finaid/INFO%20UPDATE>

Other ways to send your form: Use the Print icon above to print this form then mail or drop off to the financial aid office. Be sure to include any required attachments, if applicable.

Childcare Assistance Program

Financial Aid and Scholarships Office

18115 Campus Way NE, Box 358500

Bothell, WA 98011-8246

Phone: (425) 352-5240

FAX: (425) 352-3217

Email: uwbfaid@uw.edu