

SID # _____

6. TO BE COMPLETED BY CHILD CARE PROVIDER

I certify that _____ is paying child care for the children listed on this form as follows:
Customer Name

Amount of child care \$ _____ Circle One: Monthly Weekly

Signature (Child Care Agency Representative/Babysitter)

Date

Student's Signature

Date

Print, sign and email as a PDF form to fadocs@ucr.edu. Processing timelines apply.