



## College of Professional Studies Childcare Provider Verification

Office of Financial Aid and Scholarship Programs

200 Bowne Hall, Syracuse, NY 13244

Phone: 315.443.2948 Email: [profstudiesfinaid@syr.edu](mailto:profstudiesfinaid@syr.edu)

Student's Syracuse University I.D. Number: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

### **Please list the name(s) of children under 12 for whom you are providing childcare:**

Child's Name:

Child's Date of Birth:

_____	_____
_____	_____
_____	_____

## **Childcare Provider Information**

***(To be completed by childcare provider)***

Childcare Providers Name \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Relation to Child/Children: \_\_\_\_\_

Name of Childcare Center (if applicable): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Number and Street City State ZIP code

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**By signing this, I verify that I am providing childcare for the above mentioned individual and the children listed. I understand payment checks will be made co-payable to the student and me. Checks are mailed to me the first week of the month for the prior month's childcare. The amount of grant money provided is a set rate determined by the number of the student's children for whom I am providing childcare and is calculated based on the amount of time the student is in class per month. If I provide false or misleading information, I jeopardize the student's opportunity to receive current and further childcare funding.**

\_\_\_\_\_  
Childcare Provider's Signature

\_\_\_\_\_  
Today's Date