

**Child Care Grant – School-Aged Child Care Hours Verification****Student Name:** \_\_\_\_\_**Student ID:** \_\_\_\_\_**Child(ren) Covered:**

- Child Name: \_\_\_\_\_ (Age: \_\_\_, Grade: \_\_\_)
- Child Name: \_\_\_\_\_ (Age: \_\_\_, Grade: \_\_\_)

**School Hours (K-12):**

The above child(ren) are enrolled in school from:

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_**Days Attending School:** \_\_\_\_\_**Child Care Provider Hours:**

I certify that I provide child care for the above child(ren) during the following days and hours:

**Acknowledgement:**

By signing below, both the student and the child care provider confirm that the hours listed above accurately represent the child(ren)'s K-12 school attendance and the provider's child care schedule.

I further certify that the information provided on this form is **true and correct**, and that if I purposely give false or misleading information, I may be subject to a fine, a prison sentence, or both. Such action may also result in the forfeiture of future awards from this program.

**Applies only to unlicensed child care providers:** I give permission to the Office of Higher Education or the school to report the amount of the student's Postsecondary Child Care Grant to the Internal Revenue Service or the Department of Revenue as taxable income to the provider.

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_**Provider Signature:** \_\_\_\_\_ Date: \_\_\_\_\_