

# Verification of Child Care Expenses

SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE FINANCIAL AID OFFICE  
PO BOX 10146 ALBUQUERQUE, NM 87184  
505-346-2361, 2344 PHONE 505-346-2369 FAX

<b>NAME:</b>	<b>SSN:</b>
<b>ADDRESS:</b>	<b>TELEPHONE NO.</b>

Please provide the information below for your dependent children who will be in childcare during Fall/Spring/Summer term(s). Do not include your dependent children who are attending a private school, including kindergarten. Please check which term(s) you will be attending SIPI:

**FALL**
                 
  **SPRING**
                 
  **SUMMER**

**Childcare provider's printed name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**COMPLETE THIS SECTION ONLY FOR FALL/SPRING/SUMMER TERMS.**

CHILD'S NAME	AGE	DAYS OF WEEK IN CHILD CARE	# OF HRS. EA	AMT. YOU PAY EA. WK.	AMT. PAID BY OTHER SOURCE
		<b>M T W TH F</b>			
		<b>M T W TH F</b>			
		<b>M T W TH F</b>			
		<b>M T W TH F</b>			
		<b>M T W TH F</b>			
		<b>M T W TH F</b>			

<b>I certify that the information I have provided above is true and correct to the best of my knowledge.</b>	
Signature: _____ (Student)	Date: _____

<b>I certify that the information above is true and correct to the best of my knowledge.</b>	
Signature: _____ (Childcare Provider's Signature)	Date: _____