

Child care funding is for educational purposes. Only complete this form if you will incur child care expenses to attend college. Students enrolled in seated and/or online courses are eligible for consideration for child care funding.

Halifax Community College

Application For Child Care Assistance

Name _____	Date _____
Student ID _____	Major _____
Address _____	Phone Number _____
_____	Date of Birth _____

Please answer the following questions:

Have you received assistance through the HCC Child Care Assistance program before? ☐ Yes ☐ No

Do you have a license childcare provider? ☐ Yes ☐ No

Do you have a private childcare provider? ☐ Yes ☐ No

What is the total cost you pay per month for childcare expenses? _____

Are you eligible for childcare funds from another source? ☐ Yes ☐ No

If yes, provide official documentation from the other source that includes the agency, amount to be paid and name(s) of eligible child(ren).

List below the names, ages, and birth dates of all children age 12 or under requiring child care.

Name of Child	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, certify that these responses are true to the best of my knowledge. I understand that my FAFSA application will be used to verify my financial need.

Signature of Applicant _____ Date _____

Note: Funds are limited. Priority is given to students enrolled for 6 or more credit hours. Students will be notified by mail and/or phone if awarded childcare funds.

Parent's Name: _____

Child(ren) 's Name(s): _____

Note: To be completed by child care provider.

Child Care Provider Information:

Federal I.D. # (Licensed Providers) _____

Social Security # (For Private Providers) _____

Business Name: _____

Address: _____

Phone #: _____

Director/Contact Person: _____

Normally payments to daycare provider are based on monthly rates. However, you must also provide rates per day and per week in the event that payment must be prorated. Payments will be prorated for the following: partial months based on beginning and/or end date, excessive absences (child and/or parent), child and/or student-parent becomes ineligible for funding. Student-parent will be responsible for any charges incurred that exceed the payment from childcare funding.

Cost Per Child Per Day: _____

Cost Per Child Per Week: _____

Cost Per Child Per Month: _____

Are any other agencies providing payments to you for childcare expenses incurred by the above referenced recipient? _____

If yes, indicate the source, rate, and how often payment is received. _____

I certify that the above information is true and correct to the best of my knowledge. I am aware that I must inform Halifax Community College Financial Aid Office of payments made by other agencies, any changes in childcare rates, and changes in child enrollment rates for the above referenced child/children.

Childcare Provider Signature: _____ Date: _____