



California Institute of Integral Studies

CHILDCARE VERIFICATION FORM

Student First Name

Student Last Name

Student ID

Select ONE semester: Fall Spring Summer

Note: Each form is valid for ONE semester.

Year

Child 1

Name _____

Date of Birth _____

Childcare Provider _____

Childcare Provider Tax ID (if applicable) _____

Childcare Provider Licensed # (if applicable) _____

Childcare Provider Address _____

Childcare Provider Phone Number _____

Monthly Amount _____

Dates Childcare Provided _____

Child 2

Name _____

Date of Birth _____

Childcare Provider _____

Childcare Provider Tax ID (if applicable) _____

Childcare Provider Licensed # (if applicable) _____

Childcare Provider Address _____

Childcare Provider Phone Number _____

Monthly Amount _____

Dates Childcare Provided _____



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Please submit the following documents with your completed form :

- Copy of birth certificate for each child
- Signed letter (on letterhead) or signed (by student and organization) contract confirming all information provided on this form. If provider does not have a license/tax ID number, the letter must be notarized.
- Proof of payment : Copy of bank/credit card statement(s)

By signing the front of this form, you are agreeing to the following terms and conditions:

- I understand that this form is only valid for one semester. I must complete another form to receive additional funds for another semester.
- I understand that I am required to provide supporting documentation to confirm the information on the Childcare Verification Form, and it is up to the Financial Aid Office's discretion if the documentation is acceptable.
- I understand that the awarding of additional funds for the subsequent semester is contingent upon receiving a valid proof of payment, as determined by the Financial Aid Office.
- I understand that, once I have exhausted my Stafford Loan eligibility, I must apply and be approved for an additional loan (i.e. Federal Graduate PLUS loan).
- I understand that if I provide false information, the Financial Aid Office reserves the right to cancel this form and/or make any necessary adjustments to my account.
- I understand the maximum increase in Cost of Attendance for my childcare is \$1,500/month per child.
- I understand that my child is under 5 years of age.

By submitting this form I certify the information provided is complete and true to the best of my knowledge and I agree to inform the Financial Aid Office as soon as I am aware of changes.

Signature (must be hand-written)

Date

If you have any questions about the above terms and conditions, feel free to contact our office at:

Financial Aid Office
1453 Mission Street
San Francisco, CA 94103
Fax : 415-575-1268
Phone : 415-575-6148
финаid@ciis.edu