

Student's Name _____ S.S.N. _____

Please list below the names and ages of eligible dependent children requiring Child Care **in order to attend classes** at the College of DuPage. Eligible children must be:

1. Age 12 or less **and**
2. Receive more than 1/2 of their support from the student **and**
3. Not claimed on a tax return other than the student's.

Name	Age

Name of Child Care Facility or Provider: _____

Total cost of Child Care: \$ _____ per week per month per quarter

Do you or will you pay for this Child Care?

If Yes, from what source? _____

• If No, Name of Agency: _____

Total Amount paid by the Agency \$ _____

• If No, Name of other person(s): _____

Total Amount paid by other person(s) \$ _____

You may be required to furnish documentation of your Child Care cost.

I certify that the above information is correct and Child Care is necessary for **me to attend classes** at the College of DuPage.

Student Legal Signature

Date

Please return this form to: College of DuPage, Office of Student Financial Aid,
425 Fawell Blvd., Glen Ellyn, IL 60137.