



MT. SAN JACINTO COLLEGE DISTRICT
 1499 NORTH STATE STREET SAN JACINTO CA 92583
 (951) 465-8363

CHILD CARE VERIFICATION

STUDENT INFORMATION

Name: _____ MSJC ID _____ Phone _____

Address: _____
 City _____ State/Zip _____

List name, gender and age of child(ren) needing care: PLEASE PRINT

1. _____ Name Gender Age	5. _____ Name Gender Age
2. _____ Name Gender Age	6. _____ Name Gender Age
3. _____ Name Gender Age	7. _____ Name Gender Age
4. _____ Name Gender Age	8. _____ Name Gender

- A CARE grant is needed to help pay for: (Check all that apply)
 Evening course Saturday course Week day course Study hours Co-Pay (If you have a co-pay you must submit a copy of your contract.)
- Does the Department of Social Services or RCOE pay your childcare while you attend class? Yes No
- How much do you expect to pay each month for childcare above what other agencies pay? \$ _____

I certify that the information above is true and correct. I am aware that a CARE grant is awarded based on my financial need. I agree to pay my childcare provider for services rendered, and I understand that it is my responsibility to uphold any agreement made between the provider and myself.

 Signature Date

CHILDCARE PROVIDER INFORMATION

Name: _____ Phone: _____

Address/City/ Zip: _____

- How many hours per week do you provide childcare while the parent attends class? _____
- Do you receive payment from GAIN or any other agency for the hours indicated in question #1? Yes No How many? _____
- Please indicate the number of hours per week you provide childcare while the parent studies? _____
- HOW MUCH DO YOU CHARGE? HOURLY _____ WEEKLY _____ MONTHLY _____

I understand that any agreement to provide childcare services for the above student is solely between the student and me. I am also aware that the disclosed information is to be used to verify that I provide childcare for the above student and to establish the student's need for child care services.

 Signature Date