

## 2025-26 CHILDCARE EXPENSE WORKSHEET

Completion of this worksheet is required for consideration to include childcare expenses in your educational budget for the 2025-26 academic year. Fill out all sections and submit the form to the Financial Aid Office.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### **ENROLLMENT DATA:**

List actual or estimated credits for each term you will be enrolled in and requiring childcare. These credits will be utilized to help determine the total eligible childcare expense.

#### **Summer 2025 Credits:**

On Campus: \_\_\_\_\_

Online: + \_\_\_\_\_

Total: = \_\_\_\_\_

#### **Fall 2025 Credits:**

On Campus: \_\_\_\_\_

Online: + \_\_\_\_\_

Total: = \_\_\_\_\_

#### **Spring 2026 Credits:**

On Campus: \_\_\_\_\_

Online: + \_\_\_\_\_

Total: = \_\_\_\_\_

#### **Summer 2026 Credits:**

On Campus: \_\_\_\_\_

Online: + \_\_\_\_\_

Total: = \_\_\_\_\_

### **EXPENSE INFORMATION:**

The student/provider is responsible to translate monthly or weekly fees or multi-child pricing into an hourly rate per child. Use the comment field to note any particular circumstances that require special/more expensive care.

Child/Dependent Name	Age	Expense Amount	Comments (optional)
_____	___	\$ _____/per hour	_____
_____	___	\$ _____/per hour	_____
_____	___	\$ _____/per hour	_____

### **CARE PROVIDER INFORMATION:**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

Type (check one)  Individual  Company (list name): f \_\_\_\_\_

*By signing below, the student certifies that the information provided on this worksheet is a true reflection of childcare obtained/costs being incurred as a result of college attendance.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The childcare provider certifies that the student listed above is currently receiving childcare services as noted above.*

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_