

SAN JOSE CITY COLLEGE
 CARE PROGRAM
 2100 Moorpark Avenue
 San Jose, CA 95136
 (408) 288-3788
 CHILDCARE PROVIDER VERIFICATION

Name of Applicant _____ Student ID# _____ Fall Spring 20____

Section A

Complete the chart below. Indicate **only the hours that you need CARE to assist you with child care expenses** for the semester. CARE will cover expenses for childcare while you attend classes, college work-study hours, travel time to and from college, lab hours, and study time.

	Activity (class, lab, work)	Hours in Class	Hours in Childcare
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Hours for the week			

Section B

Please list the name(s), age(s), and birthday(s) of child(ren) requiring child care:

Name	Age	Date of Birth	Male/Female

Section C

CHILDCARE PROVIDER STATEMENT

YOU MUST HAVE YOUR CHILD CARE PROVIDER COMPLETE THIS SECTION OF THE FORM

I will be caring for the child(ren) listed above for the hours indicated. I understand that CARE will be reimbursing this student for a portion of his/her child care expense with a grant and **it is the student's responsibility to pay me for any child care expenses incurred**. I am currently charging this student \$ _____ per hour or \$ _____ per month.

 Name of Provider (Please print) Provider Signature Provider Phone #

 Provider Address City State Zip

 CARE Student Signature Date