

CHILDCARE EXPENSES:

Your childcare provider will need to complete the form below and sign it to verify the information is accurate. Forms returned without the signature of the provider will NOT be included when calculating support. Only provide information for the child/ren of this case.

Child Care for a child continues through August 31 following that child's 12th birthday.

Provider Name:		Phone Number:
Address:		
During the School Year Childcare Expenses		
Name and Age of each Child	Hours per week	Hourly Rate/ Weekly Rate
		/
		/
		/
		/
		/
During the Summer Season Childcare Expenses		
Name and Age of each Child	Hours per week	Hourly Rate/ Weekly Rate
		/
		/
		/
		/
		/
Is payment required if child/ren are absent from your center? <input type="checkbox"/> No <input type="checkbox"/> Yes Does a Federal/State agency contribute to any portion of childcare services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give amount of the contribution per week by DHHS? <div style="text-align: right; margin-right: 50px;">\$ _____</div>		
Please provide the childcare start date for the child/children: _____		
Please check which parent is responsible for paying the above childcare expenses: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> ** **If you checked the box that both parents pay for childcare expenses, please list each parents' financial responsibility in the boxes above for school and summer expenses where applicable.		
Provider's Signature:		
Date: _____		