

## Childcare Center/Home Enrollment and Cost Certification Form Childcare Assistance Program



To be completed by the Childcare Center/Home	
UW Tacoma Student Name:	Phone #:
	Email:
Child's Name:	Monthly Childcare Cost: \$ _____
	Monthly School Tuition Cost: \$ _____
Day Care Center/Home Name:	Phone #:
	Email:
Day Care Center/Home Address (#, Street, City, State, Zip)	Is the Childcare facility licensed in WA state as: <input type="checkbox"/> Home <input type="checkbox"/> Mini-Center <input type="checkbox"/> Center <input type="checkbox"/> School-Affiliated <i>(A copy of the WA state license is required)</i>
Enrollment Period: <input type="checkbox"/> Autumn Quarter 20____ (Oct, Nov & Dec) <input type="checkbox"/> Winter Quarter 20____ (Jan, Feb & March) <input type="checkbox"/> Spring Quarter 20____ (April, May & June)	
Tax ID # _____ <i>(No check will be issued without a tax ID #)</i>	
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
The above information is accurate and I authorize the University of Washington to verify all information included in this form.	
_____ <i>(Signature of person authorized to sign on behalf of center/home)</i>	_____ <i>(Childcare Center/Home License #)</i>
_____ <i>(Date)</i>	

To be completed by the UW Tacoma Student	
The above information is accurate and I authorize the University of Washington to verify all information included in this form. I agree to abide by all policies and procedures which govern the Childcare Assistance Program.	
_____ <i>(Signature of UW Tacoma student)</i>	_____ <i>(Date)</i>

**If you have any questions regarding the UW Tacoma Childcare Assistance Program and/or the required application materials, please contact:**

Jennifer Magofna, Program Coordinator for the Department of Student Services  
MAT 106 / jmagofna@u.washington.edu / 253.692.4601 or 4421