



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

1). 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.)

2). Does the Department of Social Services or RCOE pay your childcare while you attend class? Yes  No

3). 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: \_\_\_\_\_

1). How many hours per week do you provide childcare while the parent attends class? \_\_\_\_\_  
 2). Do you receive payment from GAIN or any other agency for the hours indicated in question #1?  Yes  No How many? \_\_\_\_\_  
 3). Please indicate the number of hours per week you provide childcare while the parent studies? \_\_\_\_\_  
 4). 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