



To be Completed by the Student (Please PRINT clearly)

Student Name (Last, First):		TU I.D. #:
E-mail Address:		Phone Number:
The information below is true and accurate to the best of my knowledge.		
Student Signature:		Date:

To be completed by a licensed day care provider or official of licensed day care center

Name of provider or day care center:			
License Number:			
Address of provider or day care center:			
Child or Children in Day Care			
1)	Name of child in day care (last, first, middle initial):		
	#BC>M\$; N'1 @<QNB	Will you provide day care for this child in 2024?	Yes No
2)	Name of child in day care (last, first, middle initial):		
	#BC>M\$; N'1 @<QNB	Will you provide day care for this child in 2024?	Yes No

Total day care expenses paid for the children above in calendar year