

## Estimated Child Care Calculation Sheet

Semester \_\_\_\_\_

Participant Name: \_\_\_\_\_

Names and Ages of Children being cared for: \_\_\_\_\_

\_\_\_\_\_  
 Name and Address of Child Care Provider (Complete Address):

\_\_\_\_\_  
 Reason for Child Care:

Number of Days Per Week (Must agree with attached schedule):

Cost of Child Care Per Day (Must match attached Rate Card from Provider) or Co-Pay

Number of Weeks in Semester:

Estimated Child Care Cost:

Cost Per Day X Number of Days X Number of Weeks

**Check List:**

Student's Schedule for Current Semester Attached?

Denial Letter from Project Child to verify no other resources for Child Care are available (Required for first semester only).

Child Care Rate Form signed by child care provider and verified by career planner.

Yes	No

**Form must be completed for each semester if Child Care will be provided. If any item listed above is checked no DO NOT Approve Transportation Reimbursement.**

The above information is has been reviewed and is correct to the best of my knowledge. I understand that instructor signatures will be verified and failure to submit accurate Child Care reimbursement in a timely manner could result in forfeiture of benefit.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

The above information is has been reviewed and is correct to the best of my knowledge. Supportive documents are in file to validate days/distance traveled.

\_\_\_\_\_  
 Career Planner's Signature

\_\_\_\_\_  
 Date