Washington University in St. Louis

Child Daycare Subsidy – Supplemental Form

Important Notice: Please complete this form if:

- Your current provider does not have a formal contract for you to sign. You will still be responsible for submitting your provider's rates and proof of payments before your application will be reviewed.
- If you use regularly a private sitter, nanny, etc. to care for a child so that you can participate in PhD-related activities; you will need to provide proof of payment before your application will be reviewed.

Section 1: Student Information

Student Name: _____   Student ID Number: _____

PhD Program: _____

Name of Child (1): _____   Birthdate (dd/mm/yyyy): _____
Name of Child (2): _____   Birthdate (dd/mm/yyyy): _____
Name of Child (3): _____   Birthdate (dd/mm/yyyy): _____

Section 2: Child Care Information (To be completed by the provider/facility)

Childcare Provider/Facility Name: _____

Location: _____   **Start Date of Service (mm/dd/yy) :** _____

Weekly Attendance   **Tuition Rate**
- Select Days of the Week: M T W R F
- Time   From: _____ AM/PM to _____ AM/PM $_____ per week

**Please indicate the ==MONTHLY tuition cost== based upon the information shared above. $_____ per month

_____   _____   _____
Provider name/Facility Manager (printed)   Signature   Date

_____   _____   _____   _____
Guardian Name (printed)   Signature   Date   Relationship to child