The above fee is □ hourly □ weekly □ monthly and is considered a □ full-time □ part-time rate.
I □ charge □ do not charge when the child is absent.
As provider, I have used a second page or the back of this form to complete this section □ Yes □ No

Provider, by signing this form you are indicating that you agree with the content below:

1. I understand the above named individual is an award recipient with the student Child Care & Housing Subsidy Program ("Subsidy") for this current academic and July 1-June 30 fiscal year period. I understand this is a program of Child Care and Family Resources with UA Life & Work Connections at the University of Arizona.
2. I understand the student is solely responsible for contracting with my child care program.
3. I understand that UA Life & Work Connections’ Child Care and Family Resources requires one of the following student child care selections, and that this child care meets the selection requirement as either a small family child care home certified by the Department of Economic Security (DES), a family child care group home certified by the Department of Health Services (DHS), a child care center licensed by the Department of Health Services (DHS), or as a program sponsored by the University of Arizona, (or is a permitted exception). As applicable, I understand exceptions are permitted only in the case of a before and/or after school program or intercession program sponsored by a school district and child development programs (child care centers and family child care homes) with a valid Department of Defense (DoD) Certificate to Operate, and that my child care serves as one of these examples.
4. I understand that the Subsidy Program is designed specifically to help eligible UA students pay for qualifying, child care occurring in Arizona regarding their classroom commitments. Additionally, I understand that child care expenses accrued by the parent outside of classroom commitments at the University will not be reimbursed, and should be recorded separately.
5. I understand that I will be required to provide child care program information about the child care charges, the parent’s payments and eligibility as a qualifying child care provider, as part of the Subsidy Program. I understand UA Life & Work Connections’ Child Care and Family Resources will provide the forms, and that it is the parent’s responsibility to bring them to me for completion.
6. I understand that it is the parent’s responsibility to submit completed forms by electronically scanned copy to lwcsubsidy@email.arizona.edu, by mail to UA Life & Work Connections’ Child Care and Family Resources, 1125 N. Vine, Room 211.,Tucson, AZ 85721 or by fax to (520) 621-4474.
7. I understand that parents and providers may call (520) 621-4365 or visit www.lifework.arizona.edu for more information.

Provider’s Signature ____________________________ Date _______________