2018/2019 UA Childcare Choice
Student Subsidy Program for Qualified Childcare Expenses

Enrollment Verification Form

Important: The information below reflects childcare services occurring on or after July 1, 2018.

UA Student ___________________________ Student Phone (__) __________

UA Student Email ___________________________ Student Identification Number _________

Form Submitted for (choose one) □ Fall 2018 □ Spring 2019 □ Pre-Session/Summer 1 2019 (as applicable)

(To Be Completed by the Childcare Provider)

Childcare Provider ____________________________________________

Address _______________________________________________________

Phone (__) ___________ City __________________ Zip Code ____________

License (or Equivalent) Facility ID# or Enter School Affiliation ____________________________

Child’s Name ___________________________ Date of Birth ___________ Childcare Fee $__________

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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.

I confirm my program meets Life & Work Connections qualifying childcare criteria as indicated below □ Yes □ No

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

1. I understand the employee is solely responsible for contracting with my childcare program.
2. I understand that Life & Work Connections requires that my program meets one of the qualifying childcare descriptions: small family childcare home regulated by the Department of Economic Security (DES); family childcare group home regulated by the Department of Health Services (DHS); childcare center regulated by the Department of Health Services (DHS); before and/or after school program or intercession program sponsored by a school district; before and/or after school program or intercession program sponsored by a charter school; child development program (childcare centers and family childcare homes) with a Department of Defense (DoD) Certificate to Operate; a program sponsored by the University of Arizona; a program sponsored by Arizona State University, Northern Arizona University; or sponsored by a state community college as defined by the Arizona Department of Education.
3. I understand that I will be required to provide childcare program information about the childcare charges, the parent’s payments and eligibility as a qualifying childcare provider. I understand Life & Work Connections will provide the forms, and that it is the parent’s responsibility to bring them to me for completion.
4. I understand it is the parent’s responsibility to submit completed forms.
5. I understand parents and providers may call (520) 621-1530 or visit www.lifework.arizona.edu for more information.
6. I confirm the information above reflects childcare services occurring on or after July 1, 2018.

Provider’s Signature ___________________________ Date ___________________________