



2020/2021 UA Childcare Choice
Employee Reimbursement Program for Qualified Childcare Expenses
Enrollment Verification Form

Important: The information below reflects childcare services occurring on or after July 1, 2020.

UA Employee _____ Employee Phone (____) _____

UA Email _____ Employee Identification Number _____

(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 \$ _____

Child's Name _____ Date of Birth _____ Childcare Fee \$ _____

Child's Name _____ Date of Birth _____ Childcare Fee \$ _____

Child's Name _____ Date of Birth _____ Childcare Fee \$ _____

Child's Name _____ Date of Birth _____ Childcare Fee \$ _____

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, as part of the Childcare Choice Employee Reimbursement Program. 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 that 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, 2020.

Provider's Signature _____ Date _____