TMCC
Truckee Meadows Community College
Re-Entry Center

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CHILD CARE ASSISTANCE REQUEST

Student Information

Name: _____
Last First

Student ID: _____ **E-mail:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **Request for Term:** _____ **Year:** _____

Reason for Request

(Check all that apply)

☐ I have infant, toddler or pre-school age children requiring child care while I attend class.
☐ I have school-aged children requiring after-school or evening care while I attend class.
☐ Other (Specify): _____

Required Information

(Attach proof of submission for assistance from Children's Cabinet or other agency)

Please fill out the following for all children for whom you are requesting child care assistance:

Name	Age	Child Care Provider	*Subsidized?	% or Amount
_____	_____	_____	☐Y ☐N	_____
_____	_____	_____	☐Y ☐N	_____
_____	_____	_____	☐Y ☐N	_____

If your childcare is already ***subsidized**, what agency is assisting? _____

Your actual (out of pocket) cost of childcare per (check one): ☐ week ☐ 2 weeks ☐ month $ _____

Note: Documentation of your cost (e.g. bill, statement, receipt) must be attached for request to be processed. If you do not have receipts or you use a private child care provider, please have the provider complete the section below.

I verify that I am the child care provider for: _____

Parent pays me $ _____ per: _____ Telephone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature of sitter or representative of provider service: _____

Total credits this term: _____ Daytime Credits: _____ Evening Credits: _____ Internet/Cablecast Credits: _____

Signature of Applicant: _____ **Date:** ____/____/_____

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