OU-HCOM Day Care Provider Certification Form

Name of Day Care Provider:  
Address:  
Phone:  

This section is to be completed by day care provider. Day care provider must attach schedule of fees charged to parent(s).

This is to certify that the children listed below attend this day care program.  

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Age(s)</th>
</tr>
</thead>
</table>

____Daily  ____Full  ____Half  ____Other—Please Specify:

<table>
<thead>
<tr>
<th>Cost per hour:</th>
<th>Time Period of Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per week:</td>
<td>___Month  ___Year</td>
</tr>
<tr>
<td>Cost per month:</td>
<td>___Month  ___Year</td>
</tr>
</tbody>
</table>

I certify that the above statements are true and accurate to the best of my knowledge.  
Signature of Day Care Provider  
Date

The following section is to be completed by parent/guardian.  

The child’s/children’s other parent is not available to provide supervision because:  

____Full-time student  ____Employed full-time (attach employer statement)  
____Other—Please explain:  

I certify that the above statements are true and accurate to the best of my knowledge.  
Signature of Parent:  
Date:

Please note that the appeals for projected day care costs may be subjected to verification at the end of the academic year. Audit findings that differ from the appeal may result in the student having to return funds. Your appeal amount will be limited to the following amounts: $415 per month for full-time daycare, for ages birth-3 years and $363 per month for 4-5 years old.