



CHILD CARE CERTIFICATION SLIP

This form certifies I pay child care under the terms of the Scholarship for Child Care. I make payments to the Southwest Tech Child Care Center or a certified licensed child care provider. I do not have a family member providing child care for my child(ren).

Please print:

Name of Student _____

Day Care Provider _____

Contact Person _____

Address _____
Street City, State

Phone Number: _____

Child Care Provider Signature _____ Date _____

Student Signature _____ Date _____

This certification slip is to be used for the Scholarship for Child Care through the Southwest Tech Foundation.