



**The Pennsylvania State University Student Parent Child Care Subsidy Program  
Student-Parent Child Care Needs Form**

Child Care Provider: \_\_\_\_\_

Student Parent Last Name:		Student Parent First Name:	
1 <sup>st</sup> Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Weekly Tuition Rate: \$ _____ / Week		Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours in Care per Week: / Week
2 <sup>nd</sup> Child Last Name:	Child First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Weekly Tuition Rate: \$ _____ / Week		Child Enrollment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours in Care per Week: / Week