



OFFICE OF FINANCIAL ASSISTANCE
9501 U.S. Highway 441, Leesburg, FL 34788 • 352-365-3567

CHILD CARE PROVIDER INFORMATION SHEET

Instructions to Child Care Provider: Please complete this form and return it directly to the parent. DO NOT MAIL TO LSCC.

Parent's Name: \_\_\_\_\_ Student Identification Number [grid]

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of Child Care Provider or Facility: \_\_\_\_\_

Address where services are provided: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

NOTE: Please attach a copy of license and accreditation

Are you an accredited Provider: YES \_\_ NO \_\_

Are you a State Approved Child Care Provider: \_\_\_\_\_ License # \_\_\_\_\_

What is your hourly rate for child care services: \_\_\_\_\_

What is your daily rate for child care services: \_\_\_\_\_

STATEMENT OF TERMS TO RECEIVE CHILD CARE DOLLARS FROM LAKE-SUMTER COMMUNITY COLLEGE

You will be responsible to submit an invoice including attendance records to LSCC monthly. Hours of childcare subsidized are based on the hours the student is attending classes at Lake-Sumter Community College. Childcare costs other than the amount agreed upon are the sole responsibility of the parent. Invoices and attendance records for each child are to be submitted to the LSCC Office of Financial Assistance, 9501 US Hwy 441, Leesburg, FL 34788.

I understand and agree to comply with the above statement of terms.

Signature

Date