

PARENT NAME/ADDRESS:

PARENT INFORMATION: Complete the top portion of this form and have your child care provider complete the remainder.

Child Name (List all on this Case)	Date of Birth	Child Name (List all on this Case)	Date of Birth

Are you receiving financial assistance from any Federal or State agency? Yes No
 If yes, please name the agency and the amount you are receiving.
 Agency Name: _____ Amount: \$ _____

CHILD CARE PROVIDER INFORMATION: **Please attach a schedule of your most recent child care rates.**
 The Child Care Provider must complete the remainder of this form for the above named child.

Name of Provider		Provider Address			
City	State	Zip Code	County	Area Code and Telephone No.	
Name and Age of Child		School Year Rates	Avg. Hours/Week	Hourly Rate	Total Weekly Rate
Name and Age of Child		Summer Rates	Avg. Hours/Week	Hourly Rate	Total Weekly Rate

Do you require payment for services even when children are absent to guarantee a position in your center?
 If yes, please explain: _____ Yes No

Does a Federal or State agency contribute all or a portion of these child care services?
 If yes, please provide agency name and the amount contributed. _____ Yes No

The above information is provided to enable the Alpena County Prosecuting Attorney's Office to accurately report child care costs in making a child support recommendation. I certify that the above information is true, accurate and complete.

_____ Date _____ Signature and Title of Provider