

**Southern Connecticut State University
Child Care Reimbursement Program Application
(for children of Full-Time Student Parents)**

Semester/year for which child subsidy is being requested:

Student Name

Student ID Number:

Home Phone:

Cell Phone:

SCSU Email _____@southernct.edu

Alternate Email:

Home Address:

Full-Time Graduate Student _____ Full-Time Undergraduate Student _____

Are you receiving financial aid to attend SCSU? _____ Yes _____ No

1. Child's Name _____

Age: _____ Date of Birth: _____

Child care services provided for child include:

Babysitting Services _____ Yes _____ No

Licensed Child Care Services _____ Yes _____ No

2. Child's Name _____

Age: _____ Date of Birth: _____

Child care services provided for child include:

Babysitting Services _____ Yes _____ No

Licensed Child Care Services _____ Yes _____ No

3. Child's Name _____

Age: _____ Date of Birth: _____

Child care services provided for child include:

Babysitting Services _____ Yes _____ No

Licensed Child Care Services _____ Yes _____ No

Signature: _____

Please print and complete this application form and submit the application form, a written justification and a copy of the child(ren)'s birth certificate(s) to the SCSU Office of the Dean of Students, Engleman Hall A 106 by the deadline date.