



Childcare Subsidy Program

CHILDCARE PROVIDER FORM

Student Name _____

Please have your licensed childcare provider complete this form. If you have different providers for your children, please make a copy of this sheet and submit to each provider for completion.

Provider (Childcare) Name _____

Contact Name _____

Address (Location) of Facility _____

Phone Number of Facility _____

State License Number _____ Expiration Date _____

1st child amount \$ _____

2nd child amount \$ _____

3rd child amount \$ _____

Questions? Contact the Access & Wellness Center at 509.358.7537 or by email at spokane.accesswellness@wsu.edu

Provider Signature _____ Date _____

I confirm that this information is correct to the best of my knowledge. I authorize the release of information from any and all agencies.

Student Signature _____ Date _____