



Child Care Allowance Application

2024– 2025 Academic Year

Part I : Your Information						
Name			Banner ID			
Email Address			Marital Status: Single Married Separated/Divorced			
Part II: Your Spouse's Information <input type="checkbox"/> Not Applicable						
Spouse's Name (Last, First, Middle Initial)						
Is your spouse employed at least part-time?		Yes	No	Spouse's Employer		
Is your spouse a full-time student?		Yes	No	Spouse's School		
Is your spouse considered legally disabled?			Yes	No		
Is your spouse unemployed, but actively seeking employment?			Yes	No		
Is your spouse an employee or Graduate student at Brown receiving the Child Care Subsidy?				Yes	No	
Part III: Your Child's Information						
Please list children between the ages of 0 - 6.						
Name (First, Last)	Date of birth	Tax Dependent		Name of Child Care Center	Type of Child Care	Estimated Monthly Fee
		Yes	No		In-Home Center	\$
		Yes	No		In-Home Center	\$
		Yes	No		In-Home Center	\$
Part IV: Child Care Information						
<input type="checkbox"/>		Documentation of child care costs for September 2024 - May 2025				

Please read and Sign

Statement of Understanding – I understand I must notify the Office of Financial Aid of any family status changes which could impact my child care responsibilities during the year I receive a Child Care Allowance. I certify under penalty of perjury that all statements and documentation relating to this application are true.

Signature: _____

Date: _____

Upload all documents to [Banner Self-Service](#). See [instructions](#) for more details.