



Student Financial Services Office • 197 Franklin St. Auburn, NY 13021
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2024-2025 Child Care Expense Documentation

Student's Printed Name

C #

I am requesting that my Financial Aid Cost of Attendance at Cayuga Community College be increased due to the following child care expenses:

Number of children for whom care must be provided _____

Ages of children _____

Average number of hours per week that care must be provided _____

Number of weeks that care must be provided (15 weeks per semester) _____

(30 weeks per year) _____

Total amount paid for child care for the above period \$ _____

Name of child care provider _____

Signature of child care provider _____

Signature of Student _____ Date _____