



**Student Financial Services Office • 197 Franklin St. Auburn, NY 13021**  
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## 2025-2026 Child Care Expense Documentation

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\_\_\_\_\_  
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 \_\_\_\_\_