



# Child Care Expenses – Summer 2008

OFFICE OF FINANCIAL AID

Student's Name (Last, First M. I.) *Please print.* \_\_\_\_\_

Student Identification Number \_\_\_\_\_

**Please list the amount of child care you will pay *per month* for the 2008 Summer term (May 12, 2008 - August 8, 2008).**

Name of Child:	Amount Paid Per Month:	Age of Child:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Indicate for which term(s) these expenses will occur (mark all terms that apply):**

- Term M (May 12 through May 30)
- Term A (June 2 through July 3)
- Term B (July 8 through August 8)
- Term C (June 2 through July 25)
- Term D (June 2 through August 8)

Check here if your spouse is also attending CU-Boulder and complete the information below:

Spouse's Name: \_\_\_\_\_

SID: \_\_\_\_\_

Check here if you will not have any child care expenses during the summer terms.

**Please mail or fax this form to:**

**University of Colorado at Boulder  
Office of Financial Aid  
556 UCB  
Boulder, CO 80309-0556  
FAX: 303-492-0838**

**SMCHD**

