

MONTH _____ YEAR _____

**TRIDENT TECHNICAL COLLEGE
PROJECT ASSIST
CHILDCARE REIMBURSEMENT**

(Please Print)

Parent Name: _____ Student id# _____ / SSN: _____

Participant Address: _____

City: _____ State: _____ Zip: _____

Name of Facility: _____

Contact Person: _____ Phone: () _____ Federal ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Dates of Care: _____ # of Weeks _____ Weekly Rate _____

Total Amount of Attached Receipt(s): \$ _____

Childcare Assistance Guidelines

Childcare assistance is provided through *Trident Technical College* by the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV). **The participant is responsible for all childcare expenses incurred when the college is closed for holidays or breaks, and the balance of provider fees not paid by the Perkins IV Grant.** Payments will not be made for private school tuition or for daycare (other than after school care) for children of school age. Funding is subject to change without notice.

Parent Signature

Date

Signature of Childcare Director or Authorized Representative

Date

FOR OFFICE USE ONLY (May be altered by the college as appropriate)

Approved ____ Denied ____ Comments: _____

Total Amount Approved \$ _____

Signatures: _____
Perkins Grant Coordinator/Representative

Date

Student : Please return this form to: Project ASSIST · Ph: [843-574-6525]