

**BRAZOSPORT COLLEGE
CHILDCARE ASSISTANCE GUIDELINES
Fall 2019**

Students who have completed the financial aid process, including the FAFSA, and are pursuing a certificate or degree at Brazosport College (BC) are eligible to apply for assistance in paying childcare while attending classes on campus at BC. In order to receive childcare assistance, you must be meeting the Financial Aid Satisfactory Academic Progress policy at Brazosport College or have at least a 2.0 GPA. Some childcare funding may allow for exceptions to this policy on a case-by-case basis.

We are currently accepting applications from students meeting the eligibility criteria. Funding is limited; therefore, priority is given to full-time students (enrolled in 12 or more credit hours) and to students who have received childcare assistance in the past through this program. If funding is available, part-time students will be considered. All childcare assistance recipients must remain enrolled in at least 6 credit hours on campus to continue receiving childcare assistance.

Awards will be a maximum of \$100/week/child if children are attending May Children's Center at Brazosport College; a maximum of \$50/week/child if children are in an off-site licensed facility. Awards will be \$25/week for 1 child, \$30/week for 2 children, and \$40/week for 3 children if children are being cared for by private individuals. No award can exceed the actual weekly childcare cost. Awards may be paid directly to childcare providers at the end of each month based on a completed billing request form. Some awards require the funds to go directly to the student, in which case the student would be responsible for the payment to the facility.

Funds are awarded per semester on a first-come, first-served basis. Students must apply each semester. If you receive childcare assistance, an award letter will be mailed containing further instructions.

If you have any further questions regarding childcare assistance or requirements, please contact the Financial Aid office at (979) 230-3377.

**BRAZOSPORT COLLEGE
FALL 2019 CHILDCARE ASSISTANCE AGREEMENT
August 26, 2019 through December 12, 2019**

Please complete the following information completely and accurately. Incomplete applications will not be processed.

Student Name Student ID

Street Address City State ZIP

Home Phone Work Phone Cell Phone

Childcare Provider _____

Childcare Provider
Mailing Address _____
Street City ZIP

Childcare Provider Phone Number _____

Name of Contact Person (if facility) _____

TAX ID# _____ or SSN# _____
(if childcare facility) (if individual)

Childcare will be provided for children through age 5. List eligible children below:

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Major/Program of Study: _____
(must be completed)

12+ hours 6-11 hours

Application in Process	Grant/Awarded	
_____	_____	Financial Aid (PELL or TPEG)
_____	_____	TANF
_____	_____	Other Childcare Assistance (NCI, Worksource)

NOTE: If the student ceases to attend classes, this agreement will be terminated as of date of last attendance as determined by the Financial Aid Office.

**CHILDCARE PROVIDER RESPONSIBILITIES
(to be completed by childcare provider)**

I agree to provide childcare services for the student named above in the amount of \$ _____ **per child per week**. I understand that I will receive payment toward the care of the above listed child(ren). Payment will be made as follows:

August – 1 week (Paid in September)	November -- 3 weeks
September – 4 weeks	December – 2 weeks
October – 5 weeks	

I agree to complete an IRS W-9 form (Request for Taxpayer Identification Number and Certification) and return to Brazosport College prior to receiving any payment.

I understand the parent is responsible for payment of all fees and/or charges not covered by Brazosport College. Brazosport College **will not pay** for the following:

- Charges when school is not in session (between semesters, during holidays, or break)
- Fees necessary to hold space for the child/ren
- Application fees
- Difference between childcare assistance and actual childcare costs
- Two week notice fees, if child is not attending at that time
- Late Payment Fees

I understand the student/parent will bring a Childcare Assistance Billing Request Form to me each month for which I provide childcare services. I will complete the billing information and have the **parent** return the **original** Childcare Assistance Billing Request Form to the Financial Aid Office at the **end** of each month. I agree that no payments will be made without this Request Form and that payments will be made on a monthly basis.

Printed Name of Childcare Provider

Signature of Provider/Owner/Director

**PARENT RESPONSIBILITIES
(to be completed by student)**

I have read and understand the above Provider's Responsibilities. I understand I am responsible to pay:

- **Any and all charges or fees** not paid by Brazosport College.
- Fees and payments due to failure in returning Child Care Billing Request Form.
- Payments due to withdrawal from school or failing to regularly attend classes.

I also understand that I will submit a signed original Childcare Assistance Billing Request Form by the last Tuesday of each month to the Financial Aid Office at Brazosport College. These forms are available in the Financial Aid Office. In addition, I must stay enrolled in at least 6 credit hours on campus and I must follow the Financial Aid Satisfactory Academic Progress Policy.

Printed Name of Student/Parent

Signature of Student/Parent

WAIVER OF LIABILITY

I agree to hold Brazosport College harmless for any liabilities or injuries incurred while the child(ren) are in the care of the childcare provider. I agree that any problem(s) that may arise between the student/parent and the childcare provider will not be the responsibility of Brazosport College.

Signature of Provider/Owner/Director

Date

Signature of Student/Parent

Date

BRAZOSPORT COLLEGE RESPONSIBILITIES (to be completed by Financial Aid Office)

Brazosport College will provide the childcare provider and student/parent each a copy of this agreement after it has been signed by all parties and keep the original on file.

Upon receipt of a completed Childcare Assistance Billing Request Form, I will check the billing for accuracy and promptly submit it to the Brazosport College business office for payment.

Brazosport College Representative

Date