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Missouri State | OFFICE of STUDENT FINANCIAL AID

Office of Student Financial Aid
Carrington Hall, Room 101
901 S. National Ave.
Springfield, MO 65897
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SUMMER 2026 Childcare Expenses Worksheet

Upload completed and signed form(s) with the *Summer 2026 Budget Increase for Additional Expenses* form.

Deadline for processing: July 10, 2026

Student Name: _____ BearPass #: M_____
Last *First* *(required)*

A: To be completed by Student	
Name of child receiving services	
Child's date of birth	
Name of childcare provider: Full address Phone number	

By signing I acknowledge that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted. Signing also grants permission to the provider listed below to provide information requested by the Office of Student Financial Aid regarding my dependent named above.

_____ _____
Student's Physical Signature (No Digital Signatures) Date

B: To be completed by childcare provider	
Weekly childcare fee for child named above	$
Amount subsidized by scholarship or state/federal assistance programs	$
Weekly fee amount paid by student	$_____ X number of weeks _____
Start date for childcare	

_____ _____
Printed name of childcare provider Date

_____ _____
Physical signature of childcare provider (No Digital Signatures) Date

The Office of Student Financial Aid reserves the right to require additional documentation and may contact the childcare provider listed above to verify amounts.