

**PASCO-HERNANDO COMMUNITY COLLEGE  
TODAYCARE CHILDCARE ASSISTANCE  
STUDENT AGREEMENT FORM**

**Student's Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Student: Read this form carefully. By signing it, you are agreeing that you understand it and that you will abide by the terms stated below.**

I have received a PHCC Childcare Assistance award for the \_\_\_\_\_ term of 20\_\_\_\_\_. The maximum amount of this award as verified by my financial aid award letter is \$\_\_\_\_\_.

Receipt of my childcare award will begin the week of \_\_\_\_\_ and end the week of\_\_\_\_\_.

I understand that this award amount will be prorated over the remainder of the term and that the TodayCare at PHCC fees will be reduced by a proportionate amount each week. I understand that I will receive the full amount only if I remain in school through the end of the term above and that my child/children remain in the TodayCare Center at PHCC until the end of the term above. I understand that I will receive no cash.

**To be completed by TodayCare Center Director in the presence of the student:**

There are \_\_\_\_\_ weeks in the remainder of the term.

This PHCC student's normal weekly TodayCare fees are: \_\_\_\_\_.

This student's weekly bill will be reduced by \_\_\_\_\_ (# of weeks remaining in term ÷ by the award amount).

**Required Signatures:**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TodayCare Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original: Accounts Receivable**

**Copies: Student, TodayCare Director, Vice President of Administration & Finance**