Student Portion

Financial Aid
1042 West Hamlet Avenue
Post Office Box 1189, Hamlet, NC 28345
910-410-1726
Fax (910) 851-6375

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RICHMOND
COMMUNITY COLLEGE

Serving Richmond and Scotland Counties

Application for RichmondCC Child Care Grant
2026 - 2027

Student Name: _____ Student ID: _____
Address: _____ City: _____ State: _____
Student Phone: _____ Email: _____

Current Program of Study: _____
Have you ever received childcare assistance from RCC? Yes or No

How many children require childcare while attending classes at RichmondCC? _____

Please list the names and ages of your children:

_____

_____

_____

Required:
Child(ren) Birth Certificate attached: _____
Name of Daycare Provider: _____

What is the weekly fee the Day Care Provider charges you for each child: $_____

_____ _____
Student Signature Date

***PLEASE RETURN THIS FORM TO FINANCIAL AID OFFICE FOR REVIEW**
FINANCIALAID@RICHMONDCC.EDU

Need___ CH___In Class___NC___

Note: You must be enrolled in a minimum of 6 credit hours-seated/hybrid, maintain satisfactory SAP status, be a NC resident and be enrolled in curriculum program of study (some Continuing Ed may apply). Re-apply each semester

State Funds: 53100

2026 Fall semester

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RichmondCC Child Care Program

2026/2027 Contract Agreement for:

Contact Name, Email & Phone: _____

_____ has agreed to provide childcare services for

(Name of Daycare Provider)

_____ child: _____ in exchange for these services, the daycare

(Name of Student) **(Name of Child)**

center will be compensated at a rate of **$** _____ per week. **Payment will not exceed the agreed upon amount up to $125 per week**. The remaining amount, if any, will be paid by the child's parents. Payments will be on a bi-weekly basis from the RicmondCC Business Office upon receipt of attendance forms from the childcare provider. RichmondCC will not be responsible for any remaining portion of childcare fees owed by the parent.

Note: Attendance forms that are received after the Due Date will not be accepted and payment for that period will be denied

The terms of this contract will be in effect from **August 19, 2026,** until **December 16, 2026.** This contract can be terminated prior to this date for any of the following reasons:

- The child's parents stop attending RichmondCC (the center will be given a week's notice).
- The center expels the child due to excessive misconduct (the parent must be given weeks' notice).
- The center has been proven to be guilty of charges involving child abuse.
- A mutual agreement between both parties.

I have received a copy of the policies and procedures for the RichmondCC Child Care program. I fully understand the terms of this agreement. By signing, I will comply with the terms as well as the policies and procedures of the RichmondCC Child Care Program.

Daycare Provider: _____ Date: _____

RichmondCC Child Care Coordinator: _____ Date: _____

Daycare Provider Federal ID:

***PLEASE RETURN THIS FORM TO FINANCIAL AID OFFICE FOR PROCESSING**
FINANCIALAID@RICHMONDCC.EDU

Childcare Provider for Submission

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

Print or type. See *Specific Instructions* on page 3.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

– –

or

Employer identification number

–

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Childcare Provide Information

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Fall 2026

Dear Childcare Provider,

As you are aware, we provide daycare assistance for the child(ren) for one of our students. The childcare facility should turn in their attendance sheets the Monday following the last day of that pay period. Please understand that childcare cannot be paid until these forms are turned in. The pay periods are listed below.

The attendance sheet can be scanned and emailed to financialaid@richmondcc.edu , faxed to 910-851-6375, or you can send it with the student to bring by our offices.

Pay periods for Fall 2026:

***Will not start paying until Funds are available!**

	Attendance forms Due
August 19, -2026 – August 28, 2026	**Monday, August 31, 2026**
August 31, 2026 – September 11, 2026	**Monday, September 14, 2026**
September 14, 2026 - September 25, 2026	**Monday, September 28, 2026**
September 28, 2026 -October 9, 2026	**Monday, October 12, 2026**
October 12, 2026 – October 23, 2026	**Monday, October 26, 2026**
October 26, 2026 – November 6, 2026	**Monday, November 9, 2026**
November 9, 2026 – November 20, 2026	**Monday, November 23, 2026**
November 23, 2026 – December 4, 2026	**Monday, December 7, 2026**
December 7, 2026- December 16, 2026	**Thursday, December 17, 2026**

Childcare will not be paid by RichmondCC for the following holidays: Labor Day, Fall Break (October 15 & 16), Thanksgiving Holiday (November 25th-27th), and/or any unexpected closing exp. Inclement weather (closed days will be Prorated also).

Note: Attendance forms that are received after the Due Date will **not be accepted and payment for that period will be denied.*

If you have any further questions, feel free to contact me at 910-410-1764 or rlhoffman@richmondcc.edu My office hours are Monday-Thursday, 8am until 5pm and Fridays 8am-2:30pm. If you are unable to reach me, you may contact the Financial Aid Office at 910-410-1726.

Thank you, *Leigh Hoffman*

Financial Aid - Childcare Coordinator
Richmond Community College

EQUAL OPPORTUNITY INSTITUTION

Childcare Provider for submission

Child Care Program

Record of Attendance for Child Care

(Serves as Invoice)

Daycare Provider: _____

Address: _____

Student's Name: _____

Child(ren's) Name: _____

Beginning Period: _____ Ending Period: _____

First Week	
Enter Dates	Total Hours
Monday _____	
Tuesday _____	
Wednesday _____	
Thursday _____	
Friday_____	

Second Week	
Enter Dates	Total Hours
Monday _____	
Tuesday _____	
Wednesday_____	
Thursday _____	
Friday_____	

Number of days' child/children was/were absent during this pay period: ____

I hereby certify that the above record of attendance is true and correct to the best of my knowledge.

Daycare Attendant: _____Date: _____

For Office Use Only

Date received: _____ By: _____