



## Child Care Grant Application

Please attach a copy of your receipt from one of the local New York State licensed child care centers that have been approved for the [Einstein Child Care Grant Program](#).

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Graduate Student:  MD Student:  Post Doc:

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Banner I.D.: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_

Child's Name #1: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name #2: \_\_\_\_\_ Age: \_\_\_\_\_

Monthly Tuition: \_\_\_\_\_

Reimbursement Request: \_\_\_\_\_ (\$200.00 per month/per child maximum)

I understand that in accordance with federal and state tax rules, my child care reimbursement should be taxable income to me. Where required, Albert Einstein College of Medicine will report the reimbursement to me on a Form W-2 or 1099. I understand that I should consult my tax advisor as to the impact of this reimbursement on my personal tax situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date