Dependent Care Benefits Registration Form

Employee Name

Employee ID

Department

Contact Number

DEPENDENT INFORMATION

Name	Date of Birth	Relationship

CARE PROVIDER INFORMATION

Provider Name

Type of Care (e.g., daycare, nanny, afterschool program)

Provider Address

Provider Contact Number

BENEFIT DETAILS

Requested Benefit Amount (per year)

Additional Comments

Employee Signature

Date

HR Use Only: Authorized By

Date