

2026-2027 Dependent Care Expense Form

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You are receiving this form as your 2026-202 more dependents. Complete this form by list			
Student Name		Purchase ID	
EXPENSES			
Will you pay childcare or dependent of	care expenses from J	uly 1, 2026 through J	lune 30, 2027?
□ NO □ YES	Please indicate the to pay in the 2026-2027	otal cost you will academic year: \$	
DEPENDENTS	ACE	DELAT	IONICHID
NAME	AGE	RELAT	TONSHIP
SIGNATURES			
Each person signing this form certifies that the information must sign and date. If you purposely give false or mis			
STUDENT:			
Printed Name		Signature	Date
SPOUSE: (if applicable)			
Printed Name		Signature	Date