CLASS / TRAINING SCHEDULE VERIFICATION

THE SHADED AREAS MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE EDUCATIONAL/TRAINING INSTITUTE ONLY

Name of the Educational/Training Institution: _____

The Educational/Training Institution is accredited by: _____

Student course of study or major: _____

First day of enrollment: _____

First day of enrollment for the current semester/year: _____

Last day of enrollment for the current semester/year: _____

Anticipated completion/graduation date: _____

Current Schedule of Classes/Training:
If class/training schedule is consistent, complete Week One only.
If class/training schedule varies, complete all four weeks.

WEEK ONE:

Date: _____

Monday	from _____	AM/PM to	_____	AM/PM
Tuesday	from _____	AM/PM to	_____	AM/PM
Wednesday	from _____	AM/PM to	_____	AM/PM
Thursday	from _____	AM/PM to	_____	AM/PM
Friday	from _____	AM/PM to	_____	AM/PM
Saturday	from _____	AM/PM to	_____	AM/PM
Sunday	from _____	AM/PM to	_____	AM/PM

TOTAL NUMBER OF HOURS, WEEK ONE: _____

WEEK TWO:

Date: _____

Monday	from _____	AM/PM to	_____	AM/PM
Tuesday	from _____	AM/PM to	_____	AM/PM
Wednesday	from _____	AM/PM to	_____	AM/PM
Thursday	from _____	AM/PM to	_____	AM/PM
Friday	from _____	AM/PM to	_____	AM/PM
Saturday	from _____	AM/PM to	_____	AM/PM
Sunday	from _____	AM/PM to	_____	AM/PM

TOTAL NUMBER OF HOURS, WEEK TWO: _____

WEEK THREE:

Date: _____

Monday	from _____	AM/PM to	_____	AM/PM
Tuesday	from _____	AM/PM to	_____	AM/PM
Wednesday	from _____	AM/PM to	_____	AM/PM
Thursday	from _____	AM/PM to	_____	AM/PM
Friday	from _____	AM/PM to	_____	AM/PM
Saturday	from _____	AM/PM to	_____	AM/PM
Sunday	from _____	AM/PM to	_____	AM/PM

TOTAL NUMBER OF HOURS, WEEK THREE: _____

WEEK FOUR:

Date: _____

Monday	from _____	AM/PM to	_____	AM/PM
Tuesday	from _____	AM/PM to	_____	AM/PM
Wednesday	from _____	AM/PM to	_____	AM/PM
Thursday	from _____	AM/PM to	_____	AM/PM
Friday	from _____	AM/PM to	_____	AM/PM
Saturday	from _____	AM/PM to	_____	AM/PM
Sunday	from _____	AM/PM to	_____	AM/PM

TOTAL NUMBER OF HOURS, WEEK FOUR: _____

SCHOOL SEAL OR STAMP:

Obsolete

SUBSIDIZED CHILD CARE
CLASS / TRAINING VERIFICATION

Dear Administrator:

One of your students/trainees has requested assistance with his child care costs while he participates in class/training. The Child Care Information Services (CCIS) agency must verify the student's/trainee's enrollment and schedule indicating when he attends your institution's education/training program. This information will help determine your student's/trainee's eligibility for the Child Care Works program.

The CCIS must have an accurate schedule. This form has been provided for this purpose. It is very important that the hours shown are specific and defined as either AM or PM (e.g., 7:30am - 3:30pm).

Thank you for your time and assistance. If you have any questions about the Child Care Works program or regarding how to complete this form, please contact the CCIS agency below.

CHILD CARE INFORMATION SERVICES AGENCY:

Obsolete

An **authorized representative of the educational/training institution** (not the student/trainee) **MUST** complete the shaded areas on the front and back of this form.

I hereby verify that I am an authorized representative of the educational/training institution and attest that the information on this form is true and correct.

Name of Educational/Training Institution	Authorized Signature
Address of Educational/Training Institution	Printed Name
Your Title	Telephone Number / Date

For the Student/Trainee:

I authorize and request the disclosure to the CCIS agency all information contained in this form to verify my enrollment and schedule, as well as to assess my eligibility for the Child Care Works program.

Signature of Student/Trainee

Date

Printed Name