## **CLASS / TRAINING SCHEDULE VERIFICATION**

THE SHADE	D AREAS <u>MU</u>	JST BE COMPLET	TED BY AN AUT		RESENTATIV	E OF THE EDUC	ATIONAL/		
Name of the Edu	cational/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:									
				Ol /T					
		If class/training	rent Schedule of schedule is consist	tent, complete We	ek One only.				
		If class/train	ing schedule varie	s, complete all fou	ır weeks.				
WEEK ONE:		Date:		WEEK TWO:		Date:			
		Date.				Date			
Monday		_ AM/PM to		Monday		_ AM/PM to			
Tuesday		_ AM/PM to		Tuesday		_ AM/PM to			
Wednesday		_ AM/PM to		Wednesday		_ AM/PM to			
Thursday		_ AM/PM to		Thursday		_ AM/PM to			
Friday		_ AM/PM to		Friday		_ AM/PM to			
Saturday		_ AM/PM to		Saturday		_ AM/PM to			
Sunday	from	_ AM/PM to	_ AM/PM	Sunday	from	_ AM/PM to	AM/PM		
TOTAL NUMBE	ER OF HOURS	, WEEK ONE:		TOTAL NUMBI	ER OF HOURS	, WEEK TWO:			
WEEK THREE:				WEEK FOUR:					
WEEK HIKEE.		Date:		WEEK TOOK.		Date:			
Monday	from —	– AM/PM to ––––	– AM/PM	Monday	from —	- AM/PM to	— AM/PM		
Tuesday	from —	– AM/PM to ––––	– AM/PM	Tuesday	from —	- AM/PM to	— AM/PM		
Wednesday	from —	– AM/PM to –	– AM/PM	Wednesday		- AM/PM to			
Thursday		– AM/PM to –		Thursday		– AM/PM to –			
Friday		– AM/PM to ––––		Friday		– AM/PM to ––––			
Saturday	from —	– AM/PM to ––––	– AM/PM	Saturday		– AM/PM to ––––			
Sunday	from —	– AM/PM to –	- AM/PM	Sunday		- AM/PM to			
TOTAL NUMBER OF HOURS, WEEK THREE: TOTAL NUMBER OF HOURS, WEEK FOUR:									

## 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 Early Learning Resource Center (ELRC) 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 ELRC 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 ELRC below.

	EARLY LEAF	RNING RESOURCE CENTER:		
	L			
	An authorized representative of	the educational/training instit	ution (not the student/trainee) MUST comple	te the shaded areas on
	the front and back of this form.	and daddandnamaraning mean	(internal state of the state of	io tilo ciladoa al cao cil
	I hereby verify that I am an auth this form is true and correct.	orized representative of the e	ducational/training institution and attest th	at the information on
			Authorized Circoth	
	Name of Educational/Tr	aining Institution	Authorized Signatu	re
		aining Institution	Authorized Signatu	re
			Authorized Signatu Printed Name	re
	Name of Educational/Tr			re
	Name of Educational/Tr	raining Institution		re
	Name of Educational/Tr Address of Educational/T	raining Institution	Printed Name	
Fo	Name of Educational/Tr  Address of Educational/T  Your Title	raining Institution	Printed Name	
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:	raining Institution	Printed Name  Telephone Number	Date
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request	raining Institution e the disclosure to the ELRC al	Printed Name  Telephone Number  I information contained in this form to veri	Date
Fc	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request	raining Institution e the disclosure to the ELRC al	Printed Name  Telephone Number	Date
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request	raining Institution e the disclosure to the ELRC al	Printed Name  Telephone Number  I information contained in this form to veri	Date
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request schedule	the disclosure to the ELRC ale, as well as to assess my elig	Printed Name  Telephone Number  I information contained in this form to veri ibility for the Child Care Works program.	Date
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request	the disclosure to the ELRC ale, as well as to assess my elig	Printed Name  Telephone Number  I information contained in this form to veri	Date
Fo	Name of Educational/Tr  Address of Educational/T  Your Title  or the Student/Trainee:  I authorize and request schedule	the disclosure to the ELRC ale, as well as to assess my elig	Printed Name  Telephone Number  I information contained in this form to veri ibility for the Child Care Works program.	Date