

TRAINING VERIFICATION FORM - HSU/CR

The following information is requested to justify enrollment in a subsidized child care & development program. If changes occur in schedule, related to the days/times of any class, including withdrawal from any class, these changes must be reported within 5 calendar days of requesting the change from the school. All information provided will be held confidential.



Name of Parent

My signature authorizes the campus to release the information below to Changing Tides Family Services and for Changing Tides Family Services staff to verify information relating to my enrollment.

Signature of Parent

_____/_____/_____
Date

THE FOLLOWING MUST BE COMPLETED BY REGISTRAR
(Please attach AND stamp an electronic printout of class schedule)

Name of School: _____

School Address

City

Zip Code

(____)_____
Phone

Date classes begin this semester: ____/____/____ Date classes end this semester: ____/____/____

Professional/vocational goal (what is the job goal in attending school?): _____

Anticipated date of completion for training/education to meet vocational goal _____

Student has a Bachelor's degree: no _____ yes _____ If yes, date received _____

Name of School that issued degree _____

City _____ State _____ Country (if applicable) _____

Registrar: by your signature and stamp, you are verifying that the student parent is enrolled and the schedule is accurate.

Signature and Stamp of the Registrar

_____/_____/_____
Date

Completed form should be submitted to the Child Care Case Manager at Child Care Services.



Carol A. Hill, Executive Director | Donna Miller-Michaud, Deputy Director

Child Care Services/Subsidies/Referrals | Special Needs Services | Mental Health Services | Parent Supports