

## TRAINING VERIFICATION

DATE

### INSTRUCTIONS

Determining eligibility for child development services requires that the parent or guardian do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

**Note:** You must report any change in the days and times of your class schedule, including withdrawal, within five calendar days of requesting the change from the institution.

AGENCY

PARENT OR GUARDIAN'S NAME (last, first, middle)

TELEPHONE NO.

( )

STREET ADDRESS

CITY

ZIP CODE

### TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED

TELEPHONE NO.

( )

STREET ADDRESS

CITY

ZIP CODE

DATE THIS TERM BEGAN

DATE THIS TERM ENDS

ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

PROFESSIONAL OR VOCATIONAL GOALS

### CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION

DATE