

## **CONFIRMATION OF PROVIDER**

Once you have chosen the *child care provider* who will care for your child(ren), please have <u>the provider complete</u> and sign this form to help the completion of the voucher.

If you will be using more than one provider, use one form per provider. All Providers Please Print Clearly.

Parent Name:			Parent Contact Number:			
Child #1:			Child #2:			
Child #3:			Child #4:			
Program Type: Child # 1:	; Child # 2:	; (	Child # 3:	; Chil	d #4:	
	ndependent Provider); (After School); BS (Befo IDER INFORMATION	NO (Over 2 vore School); E - To be com	w/ Independent Pro BA (Before & After S	ovider); SU ( School); SC (	Under 2 w/ System Provider); SO School Closures Only)	
What is your program name, ad	dress and phone num	ber?				
What is the expected date of enrollment for the child (ren)?						
Please verify the earliest date the child can start						
What is the latest date the voucher can start and you will agree to take the child? (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)						
How many absences are you wil in a six month period) Please refe			EEC only pays for 3	0 absences		
Please circle one					Full time or Part time	
Please circle the days care will be provided					Su-M-Tu-W-Th-F-Sa	
Please circle one- Is the parent requesting transportation services to be included on the voucher? (Subject to approval by the Child Resource and Referral Agency)					No	
					Yes- One Way	
					Yes- Two Way	
This form is NOT confirmation th enrolled children with a signed, of actually attends the program follows:	current voucher. Childr	en are not co	onsidered enrolled	_		
Parent Signature		Date	Provider Sign	ature	 Date	