

**TRAINING VERIFICATION
PARENT OR CARETAKER ATTENDING
SCHOOL OR RECEIVING TRAINING**

PLEASE TYPE or PRINT INFORMATION
RETURN TO:

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker 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.

AGENCY

Community Child Care Council of Santa Clara County, Inc. (4Cs) 2515 N. 1st Street San Jose, CA 95131 (408) 487-0747 Administration (408) 943-8423 Fax

PARENT OR CARETAKER'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.

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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, or attach an Electronic Class Print Out)

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

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION

DATE

PARENT OR CARETAKERS AGREEMENT

I, _____, UNDER PENALTY OF PERJURY, UNDERSTAND THAT I MUST NOTIFY 4C'S OF ANY CHANGES IN MY CLASS SCHEDULE AS IT APPEARS ON THIS TRAINING VERIFICATION FORM WITHIN 5 DAYS. MY CHILD CARE SCHEDULE WILL BE ADJUSTED ACCORDING TO THE CHANGES I REPORT.

PARENT OR CARETAKER'S SIGNATURE _____

DATE _____