

**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

I am attending school to become a \_\_\_\_\_(job/vocational goal).

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.



10-1-13

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

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