TRAINING VERIFICATION FORM - Vocational or Online

The following information is requested to justify enrollment in a subsidized child care program. If different hours of care are needed, please contact your Case Manager. All information provided is confidential. Completed form should be submitted to **Child Care Services**.



Name of Parent			family servic	
	-		nging Tides Family Services an nrollment.	
	·		/ /	
Signature of Parent			Date	
·		ED BY REGISTRAR/ CAMPU		
Name of School:				
			()	
School Address	City	Zip Code	Phone	
Date classes begin this sem	ester:/	Pate classes end this semes	ster: /	
Professional/vocational go	al (what is the job goal in a	ittending school?):		
Anticipated date of comple	tion for training/education	n to meet vocational goal _		
Student has a Bachelor's de	egree: no yes	If yes, date received		
Name of School that issued	l degree			
City	StateCo	untry (if applicable)		
Day(s) of Week	Name of Class	Time Class Begins and Ends	Units or Hours of Credit	
Registrar: by your signatur schedule is accurate.	e and stamp, you are veri	fying that the student par	ent is enrolled and the	
Signature and Stamp of the	e Registrar		Date	