

TRAINING VERIFICATION FORM -Vocational or Online

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.

Completed form should be submitted by parent to:
Child Care Services – 2379 Myrtle Avenue – Eureka CA 95501



Name of Parent

I am attending to 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/ CAMPUS STAFF
(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) _____

Day(s) of Week	Name of Class	Time Class Begins and Ends	Units or Hours of Credit

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

