

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

Please print or type information.

DATE
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**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
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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.	
		( )	
STREET ADDRESS	CITY	ZIP CODE	
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION	
PROFESSIONAL OR VOCATIONAL GOALS ( <b>UNKNOWN</b> is unacceptable)			

**CLASS SCHEDULE (if applicable)**

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

SIGNATURE OF PARENT OR CARETAKER	DATE
SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION	DATE