**Child School Schedule Verification Form**

**School Year Fall 2014 to Spring 2015**

****

This document certifies that you are formally submitting requested School verification information.

Requested Documents are due: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the following documents with this form to the CCDF staff:

* **Registration**  - you received from your child’s school
* **Class Schedule** and
* **List of School Holidays and Exam Schedule**

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_; Current Age: \_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of School: \_\_\_\_\_\_ Public; \_\_\_\_\_\_Private School Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year Starts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Day Starts at: \_\_\_\_\_\_\_\_\_\_\_\_ AM; School Day Ends at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PM

Under federal regulations, CRIHB and the CCDF program are required to verify the school attendance of all CCDF children over the age of 5 years of age. Please complete one form for each child on the program.

**Failure to complete and return the information requested by the time period given above will terminate your current CCDF Agreement. You will be financially responsible for all child care costs if your CCDF Agreement is terminated.**