

EDUCATION SCHEDULE VERIFICATION

THE SHADED AREAS **MUST** BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY

Name of the School District: _____

Name of the school attending: _____

Grade in school: _____

First day of enrollment: _____

First day of enrollment for the current year: _____ Last day of enrollment for the current year: _____

Attending school: Part-time Full Time

Anticipated completion/graduation date: _____

Type of program: Elementary Middle School High School GED Program

Current Schedule of Classes:

If class schedule is consistent, complete Week One only.
If class schedule varies, complete all four weeks.

WEEK ONE:

Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK TWO:

Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK THREE:

Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK FOUR:

Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

SCHOOL SEAL OR STAMP:

SUBSIDIZED CHILD CARE EDUCATION VERIFICATION

Dear Education Administrator:

One of your students has requested assistance with their child care costs while they continue their education. We must verify their enrollment and schedule in your educational program. This information will help us determine your student's eligibility for subsidized child care.

We must have an accurate record of your student's schedule. This form has been provided for this purpose. When completed by you, this form will satisfy our need for this information per regulations. It is very important that the hours shown are specific and defined as either AM or PM (e.g. 7:30am - 3:30pm).

Thank you for your time and assistance. If you have any questions about the program or regarding how to complete the Education Verification form, please contact the Child Care Information Services (CCIS) agency below.

<p>CHILD CARE INFORMATION SERVICES AGENCY: <i>Helping families find, select, and pay for quality child care.</i></p> <p> CHILD CARE INFORMATION SERVICES OF BERKS COUNTY</p> <p><small>A program of the Berks County Intermediate Unit</small></p> <p>610-987-CCIS (2247) 800-257-3038</p> <p><small>1111 Commons Boulevard • P.O. Box 16050 • Reading, PA 19612-6050 FAX: 610-987-8428 • www.berksiu.org/ccis</small></p>
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An **authorized representative** (not the student) **MUST** complete the shaded areas on the front and back of this Education Verification form.

I hereby verify that I am an authorized representative and attest that the information on this form is true and correct.

Name of Training Institute/College

Authorized Signature

Address of Training Institute/College

Print Name

Telephone Number

Date

Your Title

For the Student:

I hereby authorize and request the disclosure to the Child Care Information Services (CCIS) agency all information contained in this form to verify and assess my eligibility for the Subsidized Child Care Program.

Signature of Student

Date

Print Name