

**THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
SCHOOL CLOSURE ONLY VOUCHER ATTENDANCE CONSENT FORM**

Date: _____ FID: _____

Name: _____

Name(s)
of Child(ren): _____

Address: _____
ADDRESS CITY STATE ZIP CODE

Phone: _____ E-Mail: _____

Subsidy Administrator Agency Name: _____

Subsidy Administrator Staff Member: _____

Phone: _____ E-Mail: _____

Your child(ren) are receiving an EEC child care subsidy and are expected to attend the early education and care program, as agreed on your child care authorization. Your provider is responsible to make sure that your child(ren) attends based on the agreed schedule. Failure to have an active child care placement for more than 60 consecutive days during a 12 month authorization is considered Abandonment of Subsidy, unless the Parent has requested an Approved Break in Care.

You have requested a School Closure Only placement for your child(ren) to use only on the days when the child's regular school is closed. Parents must use their School Closure Only child care subsidy at least **four (4)** days during the child's academic year. **Failure to do so shall be considered Abandonment of Subsidy and will result in termination or denial of a child care subsidy.**

By completing this form, I understand that I am expected to use my child care subsidy in accordance with the EEC policy outlined above.

PARENT SIGNATURE

DATE

If you have any questions about this action, please first speak with the Subsidy Administrator listed above.

Effective Date: July 2, 2020