

## **CONFIRMATION OF PROVIDER**

Once you have chosen the *child care provider* who will care for your child(ren), please have <u>the provider complete</u> and sign this form to help the completion of the voucher.

If you will be using more than one provider, use <u>one form per provider</u>. <u>All Providers Please Print Clearly.</u>

Parent Contact Number: \_\_\_\_\_

**Parent Name:** 

Child #1:		_ Child #2: _			
Child #3:		_ Child #4: _			
Program Type: Child # 1:	; Child # 2:	; Child # 3:	; Child #4:		
	ne following <u>Program Typ</u>	oe Abbreviations when comp			
Family Child Care:			Center Based Child Care:		
NU (Under 2 w/ Independent Provider)		IN (Infant);	IN (Infant); TO (Toddler); PS (Preschool);		
NO (Over 2 w/ Independent Provider)		HS (Headsta	HS (Headstart); BA (Before & After School);		
SU (Under 2 w/ System Provider)		BS (Before S	BS (Before School); AS (After School)		
SO (Over 2 w/ System Provider)		SCO (Schoo	SCO (School Closures Only); SA (School Age – Summer Only)		
PROVIDER INFOR	MATION - To be com	pleted by the Child Care	Provider OR System	Admin:	
		ceipt of all enrollment paper	work submitted by the pa	arent)	
What is your program/agency na (Systems: Please write the providers Name,	_				
What is the expected date of enro	<i>llment</i> for the child(ren)	?			
What is the latest date the vouch (If the voucher must start after the date provided, Otherwise, this form will serve as confirmation for	the Child Care Resource and Referra		pening.		
Please circle one (Full time = full day    Part Time = half day up to 6 hours    INT = Full on Non School Days)			Full time    Part time    INT		
Please circle the days care wil	be provided		Su Mo Tu	We Th Fr Sa	
Please circle one- Is the parent requesting transportation services to be included on the voucher? (Subject to approval by the Child Resource and Referral Agency)			No One W	ay Two Way	
This form is NOT confirmation that enrolled children with a signed, cu actually attends the program follo	rrent voucher. Children	are not considered enrolled i	-		
Parent Signature	Date	Provider/System	Provider/System Admin Signature		
		Provider/System	Provider/System Admin Name (Printed)		
Revised 8/1/2023	evised 8/1/2023		Provider Email		