

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 one form per provider. All Providers Please Print Clearly.

Parent Name:	Pa	rent Contact Number	:
Child #1:		Child #2:	
Child #3:		01.11.1.44	
<u>Program Type</u> : Child # 1:; Child # 2:	; C	hild # 3:	; Child #4:
Please use the following Program Type Abbreviations HS (Headstart); NU (Under 2 w/ Independent Provider (Over 2 w/ System Provider); AS (After School); BS (Be PROVIDER INFORMATION What is your program/agency name, address and ph (Systems: Please write the provider Name, Address, and your	r); NO (Over 2 w fore School); B N - To be com one number?	v/Independent Provide A (Before & After Schoo	r); SU (Under 2 w/ System Provider); SO ol); SC (School Closures Only)
What is the expected date of enrollment for the child	(ren)?		
Please verify the earliest date the child can start			
What is the latest date the voucher can start and you must start after the date provided, the Child Care Resource and opening. Otherwise, this form will serve as confirmation for the	d Referral Agency	y will contact you to confir	
How many absences are you willing to accept prior to Please refer to EEC's Attendance Policy	o enrolling?		
Please circle one			Full time or Part time
Please circle the days care will be provided			Su-M-Tu-W-Th-F-Sa
Please circle one- Is the parent requesting transporta voucher? (Subject to approval by the Child Resource and approval b			No Yes- One Way Yes- Two Way
This form is NOT confirmation that a voucher will be is enrolled children with a signed, current voucher. Child actually attends the program following the start date	dren are not co	nsidered enrolled in sul	· •
Parent Signature	Date	Provider Signature	Date