

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	Parent Contact Number: Child #2:		
Child #1:				
Child #3:		Child #4:		
Program Type: Child # 1:; Child #	2:; Cł	nild # 3:	; Child #4:	
Please use the following F	Program Type Abbrevi	ations when cor	mpleting the section above:	
Family Child Care:	- , , , , , , , , , , , , , , , , , , ,	Center Based Child Care:		
NU (Under 2 w/ Independent Provider);		IN (Infant); TO	(Toddler); PS (Preschool);	
NO (Over 2 w/ Independent Provider);		HS (Headstart); BA (Before & After School); BS (Before School); AS (After School); SCO (School Closures Only); SA (School Age – Summer		
SU (Under 2 w/ System Provider);				
SO (Over 2 w/ System Provider);				
What is your program/agency name, address a	and phone number?	the Child Ca	re Provider OR System Admin:	
(Systems: Please write the providers Name, Physical Address	s, and then your agency)			
What is the <u>expected</u> date of enrollment for the				
What is the latest date the voucher can start and you will agree to take the child? (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)			he opening.	
How many absences are you willing to accept pelase refer to EEC's Attendance Policy	prior to enrolling?			
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 will be provided	d		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 Way Two Way	
This form is NOT confirmation that a voucher we enrolled children with a signed, current voucher actually attends the program following the start	r. Children are not co	nsidered enrolle		
Parent Signature	 Date	Provider/S	System Admin Signature Date	
		Provider/	System Admin Name (Printed)	
Davised 7/2/2022			Provider Email	