

## **CONFIRMATION OF PROVIDER**

Once you have chosen the *child care provider* who will care for your child(ren), please have the provider complete 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:	arent Contact Nu	ımber:		
Child #1:		Child #2:		
Child #3:		Child #4:		
Program Type: Child # 1:; Child # 2:	;(	Child # 3:	; Child #	ł4:
Please use the following Program Type Abbreviations of HS (Headstart); NU (Under 2 w/ Independent Provider); (Over 2 w/ System Provider); AS (After School); BS (Bet PROVIDER INFORMATION) What is your program/agency name, address and phot (Systems: Please write the provider Name, Address, and your address.)	); NO (Over 2 v fore School); E N - To be com one number?	w/ Independent Pr BA (Before & After	rovider); SU (Un School); SC (Sch	der 2 w/ System Provider); SC nool 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	Referral Agenc	y will contact you to		
How many absences are you willing to accept prior to Please refer to EEC's Attendance Policy	enrolling?			
Please circle one			I	Full time or Part time
Please circle the days care will be provided			S	Su-M-Tu-W-Th-F-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 Yes- One Way Yes- Two Way
This form is NOT confirmation that a voucher will be issenrolled children with a signed, current voucher. Child actually attends the program following the start date in	lren are not co	onsidered enrolled	•	-
Parent Signature	Date	Provider Sign	nature	Date

