

VERIFICATION OF VOCATIONAL TRAINING

PART I – AUTHORIZATION TO VERIFY TRAINING INFORMATION				
<p>Instructions In order for the child/children of a parent to be eligible to receive child development services, the Contra Costa Child Care Council requires verification that the parent is attending training. The parent or caretaker listed below has authorized us to contact you for such verification. We request your cooperation in reviewing and verifying the training plan as described by signing and stamping this form.</p>				
PARENT'S NAME			PARENT'S SIGNATURE	
STREET ADDRESS	CITY	ZIP CODE	TELEPHONE NO. ()	
PART II – TRAINING/EDUCATION INFORMATION				
SCHOOL OR ORGANIZATION WHERE TRAINING IS RECEIVED			TELEPHONE NO. () Ext.	
STREET ADDRESS	CITY		ZIP CODE	
PROFESSIONAL OR VOCATIONAL GOAL				
DATE THIS TERM BEGINS	DATE THIS TERM WILL END	ANTICIPATED COMPLETION DATE FOR VOCATIONAL TRAINING		
PART III – CLASS SCHEDULE				
	Course Name	Day(s)	Time	Units
1.				
2.				
3.				
4.				
5.				
<p>COMMENTS</p>				
PART IV – SCHOOL/ORGANIZATION VERIFICATION				
SIGNATURE AND STAMP OF REGISTRAR			DATE	