

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
SECONDARY SCHOOL ENROLLMENT VERIFICATION (v10-14)

By my signature below, I give consent to _____ to release my enrollment information to the CCDF Intake Office listed below. This information is necessary to establish my eligibility for child care assistance.

Student (CCDF Applicant) Signature _____

Printed Name _____ Date _____

For School Use Only:

Student's Street Address: _____

Student's City _____ Student's Zip Code _____

Student's Current Grade Level _____ Anticipated Graduation Date _____

Date Year Begins _____ Current Year Ends _____

Student's School Day Begins _____ AM PM Student's School Day Ends _____ AM PM

Check Days Attending: Monday Tuesday Wednesday Thursday Friday Saturday

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Completed by: _____ Date _____

Printed Name: _____ Title _____

PLEASE RETURN FORM TO: Automated Health Systems
Phone: (855) 533-7342
Fax: (855) 631-0120
www.inchildcare.org