

# CLASS / TRAINING SCHEDULE VERIFICATION

**THE SHADED AREAS MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE EDUCATIONAL/TRAINING INSTITUTE ONLY**

Name of the Educational/Training Institution: \_\_\_\_\_

The Educational/Training Institution is accredited by: \_\_\_\_\_

Student course of study or major: \_\_\_\_\_

First day of enrollment: \_\_\_\_\_

First day of enrollment for the current semester/year: \_\_\_\_\_

Last day of enrollment for the current semester/year: \_\_\_\_\_

Anticipated completion/graduation date: \_\_\_\_\_

### Current Schedule of Classes/Training:

If class/training schedule is consistent, complete Week One only.  
If class/training schedule varies, complete all four weeks.

**WEEK ONE:**

Date: \_\_\_\_\_

Monday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Tuesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Wednesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Thursday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Friday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Saturday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Sunday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

TOTAL NUMBER OF HOURS, WEEK ONE: \_\_\_\_\_

**WEEK TWO:**

Date: \_\_\_\_\_

Monday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Tuesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Wednesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Thursday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Friday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Saturday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Sunday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

TOTAL NUMBER OF HOURS, WEEK TWO: \_\_\_\_\_

**WEEK THREE:**

Date: \_\_\_\_\_

Monday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Tuesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Wednesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Thursday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Friday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Saturday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Sunday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

TOTAL NUMBER OF HOURS, WEEK THREE: \_\_\_\_\_

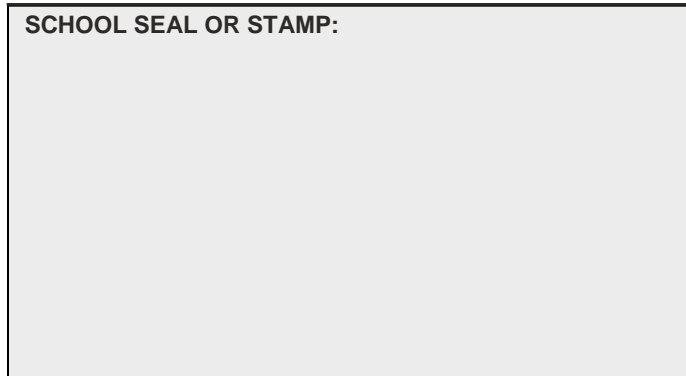
**WEEK FOUR:**

Date: \_\_\_\_\_

Monday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Tuesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Wednesday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Thursday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Friday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Saturday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
 Sunday from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

TOTAL NUMBER OF HOURS, WEEK FOUR: \_\_\_\_\_

**SCHOOL SEAL OR STAMP:**



# SUBSIDIZED CHILD CARE CLASS / TRAINING VERIFICATION

Dear Administrator:

One of your students/trainees has requested assistance with his child care costs while he participates in class/training. The Early Learning Resource Center (ELRC) must verify the student's/trainee's enrollment and schedule indicating when he attends your institution's education/training program. This information will help determine your student's/trainee's eligibility for the Child Care Works program.

The ELRC must have an accurate schedule. This form has been provided for this purpose. It is very important that the hours shown are specific and defined as either AM or PM (e.g., 7:30am - 3:30pm).

Thank you for your time and assistance. If you have any questions about the Child Care Works program or regarding how to complete this form, please contact the ELRC below.

**Early Learning Resource Center - Region 16  
Community Services for Children, Inc.  
333 N. Oxford Valley Rd.  
Suite 402 - 403  
Fairless Hills, PA 19030  
Phone:215-486-2524 | Fax:267-202-6517**

[ELRC16@cscinc.org](mailto:ELRC16@cscinc.org)

An **authorized representative of the educational/training institution** (not the student/trainee) **MUST** complete the shaded areas on the front and back of this form.

**I hereby verify that I am an authorized representative of the educational/training institution and attest that the information on this form is true and correct.**

\_\_\_\_\_  
Name of Educational/Training Institution

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address of Educational/Training Institution

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Your Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**For the Student/Trainee:**

**I authorize and request the disclosure to the ELRC all information contained in this form to verify my enrollment and schedule, as well as to assess my eligibility for the Child Care Works program.**

\_\_\_\_\_  
Signature of Student/Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name