## PA Pre-K Counts and Child Care Works - Verification of Enrollment

A parent of one of your students has requested assistance with child care costs for PA Pre-K Counts wrap-around care. We must verify their child's enrollment and schedule in your PA Pre-K Counts program. This form has been provided for this purpose.

It is very important that the shaded area is filled out in its entirety. Hours must be 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 Verification form, please contact the Early Learning Resource Center (ELRC) agency below.

## THE SHADED AREA MUST BE COMPLETED BY AN AUTHORIZED PRE-K COUNTS REPRESENTATIVE ONLY

PA Pre-K Counts Prog	gram Information	<u>n:</u>				
Program Name:			Contact Person:			
Program Address: STREET	CITY	STATE	ZIP			
County:			Phone: ( )			
Parent/Child Information	tion:					
Parent Name:			Child Name:			
Parent Address: street	CITY	STATE	ZIP	Child's DOB:		
PA Pre-K Counts Pro	gram Schedule (s	pecific to the c	child listed above):			
Enrollment Begin Date:				Enrollment End Date:		
Daily Begin Time:	AM/PM		Daily End Time:	AM/PM		
If the above-named ch			-K Counts Program beforiting (email, letter, fax,		date, I will notify the	
Signature			Title/Position		Date	
The Parent: Authorizes and requests contained in this form to	the PA Pre-K Cou	nts program di		ning Resource Cente		
Signa	ture		Print Name		Date	
	Early L	earning Resource	e Center:			