

**TRAINING VERIFICATION -
 PARENT OR CARETAKER ATTENDING
 SCHOOL OR RECEIVING TRAINING**

Please print or type information.

DATE

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. Attach a computer printout of your classes or take this form to the school or organization where the training or education will be received and request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
3. Return this form to the agency that will provide the child development services.
4. Maintain a 2.0 grade point average or show progress is made toward professional or vocational goal.

AGENCY Community Child Care Council of Sonoma County 131-A Stony Circle Suite 300, CA 95401		Phone: (707) 544-3077 Fax: (707) 544-2625	ATTN:
PARENT OR CARETAKER'S NAME (last, first, middle)		TELEPHONE NO. ()	
STREET ADDRESS	CITY	ZIP CODE	

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED		TELEPHONE NO. ()	
STREET ADDRESS	CITY	ZIP CODE	
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION	
PROFESSIONAL OR VOCATIONAL GOALS (Job title of employment that will be applying after vocational training is completed)			

CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR CARETAKER	DATE
SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION or attach a computer printout of classes	DATE