



Training Verification Form

FOR SUBSIDIZED CHILDCARE SERVICES

IMPORTANT INSTRUCTIONS, PLEASE READ!

Please fill in the parent/guardian information. Take this form to the school/training organization registrar. Request for the registrar office to complete this form, sign it and stamp it. Return this form to Crystal Stairs on or before the deadline date or **BEFORE** your training or classes begin. Also you are **required** to submit grades or documents of completion of all classes to Crystal Stairs no later than **10 calendar days**, once it has been issued by the school or organization.

THIS SECTION TO BE COMPLETED BY **PARENT OR GUARDIAN**

➔ Please check type of school:

Community College University Occupational / Trade Center Adult School On-Line Other: _____

➔ This verification is for the following Quarter or Semester:

Quarter _____
 Winter _____ Year
 Spring _____ Year
 Summer _____ Year
 Fall _____ Year

Parent's or Guardian's Name: _____ Phone Number: _____

Address : _____
Street and number City Zip Code

Professional or vocational goals: _____

THIS SECTION TO BE COMPLETED BY **SCHOOL OR TRAINING OFFICIAL**

School Name: _____ Telephone: _____

Address: _____
Street and number City Zip Code

Date courses below **BEGIN**: ___/___/___ Date courses below **END**: ___/___/___ Anticipated **COMPLETION DATE** of vocational goal: ___/___/___

	DAY(S)	START TIME AM/PM	END TIME AM/PM	COURSE NAME	ON-LINE (check if applies)	COURSE #	UNITS
1					<input type="checkbox"/>		
2					<input type="checkbox"/>		
3					<input type="checkbox"/>		
4					<input type="checkbox"/>		
5					<input type="checkbox"/>		
6					<input type="checkbox"/>		

➔ _____
 ➔ _____
 _____ / ___ / ___
 Signature of **School Official** Registrar / School **Stamp or Seal** **Date**

Parent or Guardian Certification

I certify under penalty of perjury that the contents of the above are true and correct to the best of my knowledge. I understand that I must report to my program specialist all information that affects my student status including withdraw from classes or my training program within **5 calendar days**. Failure to do so will result in termination of my subsidized childcare services from Crystal Stairs, Inc.

➔ _____
 _____ / ___ / ___
 Signature of Parent or Guardian **Date**