

Certificate of Enrollment

Dear _____ :

_____ is a parent/guardian who is eligible for the Child Care Assistance Program and is approved to enroll the child(ren) listed below for care with you:

The following children are approved for care:

Name:

Fee Per Unit:

Care is approved from

Variable Schedule:

Maximum Child Care School Units/Week:

Maximum Child Care Non-School Units/Week:

School Day Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Units							

Non-School Day Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Units							

Name:

Fee Per Unit:

Care is approved from



Variable Schedule:

Maximum Child Care School Units/Week:

Maximum Child Care Non-School Units/Week:

School Day Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Units							

Non-School Day Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							
Units							

The Child Care Assistance Program will only pay for the dates and authorized days, hours and units listed on this Certificate. **If the family needs additional units they must contact their worker to obtain authorization.** If additional hours/units are authorized, you will receive another Certificate of Enrollment indicating the new child care hours/units.

The Child Care Assistance Program will not pay for care provided after the end date listed above. If the family re-applies, and is approved, a new Certificate will be sent to you.

If you have any questions regarding this Certificate please contact the worker listed at the bottom of this form.