

TRAINING VERIFICATION FORM - CalPoly/CR

Formulario de Verificación de entrenamiento – CalPoly/CR

The following information is requested to justify enrollment in a subsidized child care program. If different hours of care are needed, please contact your Case Manager. All information provided will be held confidential.



changing tides
family services

Name of Parent/ Nombre del Padre

I am attending school to become a _____(job/vocational goal).
Asisto a la escuela para convertirme en un _____(trabajo/meta vocacional)

My signature authorizes the campus to release the information below to Changing Tides Family Services and for Changing Tides Family Services staff to verify information relating to my enrollment. *Mi firma autoriza el personal de Changing Tides Family Services a verificar la información relacionada a mi registro.*

Signature of Parent/Firma de Padre

____/____/____
Date

THE FOLLOWING MUST BE COMPLETED BY REGISTRAR

El siguiente debe ser completado por un personal de la institución en la oficina de registro

(Please attach AND stamp an electronic printout of class schedule)

(Por favor entrega y sellar el horario electrónico de clases imprimido- si está disponible)



Name of School _____

_____(_____)_____
School Address City Zip Code Phone

Date classes begin this semester: ____/____/____ Date classes end this semester: ____/____/____

Anticipated date of completion for training/education to meet vocational goal _____

Student has a Bachelor's degree: no____ yes____ If yes, date received_____

Name of School that issued degree_____

City_____State_____Country (if applicable)_____

Registrar: by your signature and stamp, you are verifying that the student parent is enrolled and the schedule is accurate.

Signature and Stamp of the Registrar

____/____/____
Date

Completed form should be submitted to the Child Care Case Manager at Child Care Services.