

KidsNCare

San Bernardino Office
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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. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

AGENCY _____

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 _____

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	DATE