|  |
| --- |
| **Program Information** |
| Program Name | Program License Number |
| Program Address |
| Program Email | Program Phone Number |
| Program Contact Name | Submitted for the Week of |

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**Child Care Affordability (CCAS)**

**Weekly Enrollment Verification**

*Please submit this form in weekly to* *scholarships@actionforchildren.org* *by* ***12 noon every Monday*** *for prompt payment processing*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child Last Name** | **Child First Name** | **Child Date of Birth** | **Parent Last Name** | **Parent First Name** | **Current PFCC Recipient (Y/N)** | **Current Weekly Tuition Amount** | **Enrollment Begin Date** | **Enrollment End Date** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Signature of Owner or Administrator | Date |

***By signing below, I certify that all information is true and correct. I understand that if the information provided herein is incorrect, I may be required to forfeit the scholarship and repay any scholarship funds already expended [to me/on my behalf] at the time when the inaccuracy is discovered.***