

Franklin County RISE Monthly Enrollment Verification

Program License Number	Program Name		
Date	Program Representati	Program Representative Signature	
By signing below, we are cert with our child care program.	tifying that the following childrer	are actively enrolled	
Name of Child	Parent Signature	Date	
Name of Child	Parent Signature	 Date	
Name of Child	Parent Signature	Date	
Name of Child	Parent Signature	Date	
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www.actionforchildren.org | P: 614-224-0222 | 78 Jefferson Ave. Columbus, OH 43215





