

VERIFICATION FOR FOSTER PARENTS
DAYCARE ENROLLMENT

_____ (Foster Home Name)

_____ located at:
 _____ (Daycare Center or Provider Name)

_____ (Address) _____ (Phone)

hereby verifies that:

Child's Name: _____ is attending Full-time or Part-time

Child's Name: _____ is attending Full-time or Part-time

Child's Name: _____ is attending Full-time or Part-time

_____ (Start Date) To _____ (End Date)

This facility is a Type A Type B Child Care Center
 (Select One)

***** A copy of the Provider's License must be attached*****

_____ Daycare Director Signature _____ Date

cc: Foster Resource Record