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## VERIFICATION FOR FOSTER PARENTS DAYCARE ENROLLMENT

(Foster Home Name)			
		located at:	
(Daycare Center or Provider Name	e)		
(Address)			(Phone)
hereby verifies that:			
Child's Name:	is attending	Eull-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 Cente	er	
(Select One)			
***A copy of the Provider's L	icense must be	attached***	
Daycare Director Signature cc: Foster Resource Record		Date	