



WORKFORCE CERTIFICATE / APPRENTICE PROGRAM

State Form 53107 (R / 2-23)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

STUDENT / APPRENTICE / APPLICANT CONSENT

By my signature below, I give consent to release my program participation information to the Office of Early Childhood and Out of School Learning. This information is necessary to establish my eligibility for child care assistance.

Signature of CCDF Applicant or Co-Applicant

Date (month, day, year)

Printed Name

EMPLOYER / TRAINER / SUPERVISOR USE ONLY

Date workforce certificate student/apprentice begins program (month, day, year)

Anticipated date program will be completed (month, day, year)

Time of day the student/apprentice's program begins

AM PM

Time of day the student/apprentice's program ends

AM PM

Check days participating in workforce certificate program/apprenticeship:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Name of workforce certificate/apprenticeship program

Address of workforce certificate/apprenticeship program (number and street, city, state, and ZIP code)

Phone number
()

Fax number
()

Completed by:

Date (month, day, year)

Printed name

Title

Phone number
()

Email address