

Education Enrollment Verification Form

The Education Enrollment Verification Form should be filled out and signed by an authorized representative from the educational institution. You will be required to provide a copy of the corresponding schedule.

Family ID#	
Name of the School:	
Address:	
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This is to certify that	is currently enrolled in the above-
mentioned school during the following semes	ter/term.
Semester/Term start date:	Semester/Term end date:
Enrollment Type: □ full time □ part time	
Student Schedule:	□ weekday □ weeknights □ weekends □ online
Name of the person completing this form	Title
Signature of the person completing this form	 Date

Toll-free: 1-888-270-1086 Fax: 571-544-7081

Email: ARNGWDCC@usa.childcareaware.org