

CHILD CARE and DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
SECONDARY SCHOOL ENROLLMENT VERIFICATION (v10-14)

By my signature below, I give consent to _____ to release my enrollment information to the CCDF Intake Office listed below. This information is necessary to establish my eligibility for child care assistance.

Student (CCDF Applicant) Signature _____

Printed Name _____ Date _____

<i>For School Use Only:</i>	
Student's Street Address: _____	
Student's City _____	Student's Zip Code _____
Student's Current Grade Level _____	Anticipated Graduation Date _____
Date Year Begins _____ Current Year Ends _____	
<input type="checkbox"/> AM <input type="checkbox"/> AM	
<input type="checkbox"/> PM <input type="checkbox"/> PM	
Check Days Attending: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	

School Name: _____	
School Address: _____	
Phone: _____	Fax: _____
Completed by: _____	Date _____
Printed Name: _____	Title _____

PLEASE RETURN FORM TO:

Children's Bureau, Inc.
3620 North Everbrook Lane, Suite F.
Muncie, IN 47302
Phone: 765-381-0210
Toll Free: 866-800-8115
Fax: 765-381-0212