

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: _____

For School Use Only:

Student's Street Address: _____

Student's City: _____ Student's Zip Code: _____

Student's Current Grade Level: _____ Anticipated Graduation Date: _____

Date School Year Begins: _____ Date School Year Ends: _____

Student's School Day Begins: _____ AM PM Student's School Day Ends: _____ AM PM

Check Days Attending: Monday Tuesday Wednesday Thursday Friday Saturday

School Name: _____

School Address: _____

Phone: (____) _____ Fax: _____

Completed by: _____ Date: _____

Printed Name: _____ Title: _____

PLEASE RETURN FORM TO: ***Children's Bureau, Inc.***
3801 N. Temple Avenue
Indianapolis, IN 46205
317-545-5281 or 1-866-287-2420