

**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

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School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PLEASE RETURN FORM TO:** ***Children's Bureau, Inc.***  
***2529 Schuyler Avenue, Suite 500***  
***Lafayette, IN 47905***  
***765-838-3805 or 855-228-4024***  
***FAX: 765-838-3816***