NOTE: When applicable, this form is to be completed and used with form CD 9600

TRAINING VERIFICATION -

PARENT OR CARETAKER ATTENDING SCHOOL OR RECEIVING TRAINING

CD-9605 (09/01)

Please print or type information.

	,					DATE					
			IN	STRUCTIO	NS						
	Determining eligit	oility for child o	development services	requires that t	he parer	nt or cai	etaker	do the follo	wing:		
1. (Complete all infor	3.	3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.4. Return this form within two weeks to the agency that will provide the child development services.								
C	When completed, organization when eceived.	4.									
AGENC	Y										
PAREN	T OR CARETAKERS NAME		TELEPHONE NO			HONE NO.					
STREET ADDRESS				СІТУ					ZIP CODE		
			TRAINING/E	DUCATION IN	IFORMA	TION					
NAME C	OF SCHOOL OR ORGANIZA				TELEP	HONE NO.					
STREET ADDRESS				CITY			()	ZIP CODE		
DATE T	HIS TERM BEGAN		PATE THIS TERM ENDS		ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION						
PROFE	SSIONAL OR VOCATIONAL	L GOALS									
			CLASS SO	CHEDULE (if	applicab	ole)					
	DAY TIME ROOM I						SE NA	ME UNITS			
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.	URE OF PARENT OR CAR	ETAKER						DATE			
5.514(1	ZZ St. Franklitt St. Ont	·- ·· ·						5.112			
SIGNAT	TURE AND STAMP OF REG	SISTRAR OF SCHOOL	ORGANIZATION					DATE			