

PERKINS ACT – CHILD CARE AUTHORIZATION FORM

STUDENT’S NAME: _____

STUDENT ID #: _____

CHILD’S NAME: _____

CHILD CARE LICENSE #: _____

CHILD CARE NAME AND ADDRESS: _____

	DATE	CHILD’S TIME-IN	CHILD’S TIME-OUT	**SIGNATURE** CHILD CARE REPRESENTATIVE	COURSE NUMBER	**SIGNATURE** INSTRUCTOR	COST
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

I certify that I have completed the above honestly, and to the best of my knowledge it is correct.

Student Signature

Date

Perkins Approval

Date

Total for this Voucher