

## ATTACHMENT 2.6.1: Authorization for Child Care Enrollment

Board Name \_\_\_\_\_

Form 2450

### AUTHORIZATION FOR CHILD CARE ENROLLMENT

Provider: \_\_\_\_\_

Date:
From: (Child Care Contractor)
Office Address and Telephone No.

PROVIDE    DISCONTINUE    UPDATE   Childcare, according to the terms of our agreement, to the children of the family listed below:

Family Name	Telephone No.
Address (Street, City, State, ZIP)	

CHILD'S FULL NAME	DATE OF BIRTH	CARE AUTHORIZED				TRANSPORTATION AUTHORIZED	
		DAYS OF THE WEEK	REFERRAL TYPE*			YES	NO
			Full	Part	Both		

Start Date	End Date
------------	----------

\*REFERRAL TYPE: Full day – Six to 12 hours of care authorized.  
 Part Day – Less than six hours of care authorized.  
 Both – Full and part day care authorized.  
 School – Before and after school care, holidays, and summer care authorized.

Action Required					End Date (do not collect subsidy after End Date)
<input type="checkbox"/> Collect Family Fee Amt. <input type="checkbox"/> Reduce Family Fee Amt. <input type="checkbox"/> Collect Other Child Care Subsidy:					
Weekly Fee Amount \$	Weekly Subsidy Amount \$	Total Collected Weekly \$	Monthly Fee Amount \$	Monthly Subsidy Amount \$	Total Collected Monthly \$

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_