

STUDENT'S NAME:		REPORT FOR WEEK ENDING:	
DAY CARE PROVIDER'S NAME:			
CHILD'S NAME:	AGE:	CHILD'S NAME:	AGE:
1.		3.	
2.		4.	

CHILDCARE IS FOR A TWO WEEK PERIOD

Date Month/Day	Day of Week	Provider Initial if Child 1 Attended Daycare	Provider Initial if Child 2 Attended Daycare	Provider Initial if Child 3 Attended Daycare	Provider Initial if Child 4 Attended Daycare	Amount Due
WEEK 1						
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
WEEK 2						
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
						TOTAL REQUESTED
						TOTAL APPROVED

We, the daycare provider and the participant, understand that the WIOA Provider, in making these payments, is relying upon information we have furnished in this document. We understand that this information is subject to verification and that any false statements herein may subject the person making such false statements to repay this money. We further understand that the WIOA Provider is not involved in the selection of child care providers nor does the WIOA Provider evaluate the quality of the care provided, but rather these are the matters solely between the WIOA participant and the day care facility or sitter. By signing below, I hereby consent to the release of the above information to NEGRC WIOA Workforce Development.

Day Care Provider's Signature

Date

Student's Signature

Date