

**TRAINING VERIFICATION FORM - HSU/CR**



**changing tides**  
family services

*The following information is requested to justify enrollment in a subsidized child care program. If different hours of care are needed, please contact your Case Manager. All information provided will be held confidential.*

\_\_\_\_\_  
Name of Parent

I am attending school to become a \_\_\_\_\_(job/vocational goal).

**My signature authorizes the campus to release the information below to Changing Tides Family Services and for Changing Tides Family Services staff to verify information relating to my enrollment.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**THE FOLLOWING MUST BE COMPLETED BY REGISTRAR**  
**(Please attach AND stamp an electronic printout of class schedule)**

PLEASE ATTACH  
AND STAMP CLASS  
SCHEDULE

Name of School \_\_\_\_\_

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

(\_\_\_\_)\_\_\_\_\_  
Phone

Date classes begin this semester: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date classes end this semester: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated date of completion for training/education to meet vocational goal \_\_\_\_\_

Student has a Bachelor's degree: no\_\_\_\_ yes\_\_\_\_ If yes, date received\_\_\_\_\_

Name of School that issued degree\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Country (if applicable)\_\_\_\_\_

**Registrar: by your signature and stamp, you are verifying that the student parent is enrolled and the schedule is accurate.**

\_\_\_\_\_  
Signature and Stamp of the Registrar

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*Completed form should be submitted to the Child Care Case Manager at Child Care Services.*