



## Open/Closed Verification Form Child Care Program Stabilization Funding

### Child Care Provider Contact Information

Program Name: \_\_\_\_\_

Provider/owner: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I confirm that child(ren) attended this child care program during the following dates below. Please check all boxes of the dates that child(ren) or my child attended:

- ☐ March 27, 2020
- ☐ April 20, 2020
- ☐ May 4, 2020
- ☐ Any day(s) the week of October 12-16, 2020

☐ **I am the parent/guardian**

Parent Name: \_\_\_\_\_

Child Name(s): \_\_\_\_\_

☐ **I am a consultant: Check one:**

- ☐ Health Consultant
- ☐ Education Consultant
- ☐ AQIS staff
- ☐ Staffed Family Child Care Network staff
- ☐ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(Printed): \_\_\_\_\_

Address: \_\_\_\_\_

email: \_\_\_\_\_