NOTE: When applicable, this form is to be completed and used with form CD 9600

DATE

TRAINING VERIFICATION -

PARENT OR CARETAKER ATTENDING SCHOOL OR RECEIVING TRAINING

CD-9605 (09/01)

Please print or type information.

			IN	STRUC	CTION	NS						
D	etermining eligil	bility for child devel	opment services	requires	that th	ne parer	it or car	etaker	do the follo	owing:		
1. C	Complete all information requested. When completed, take this form to the school or organization where the training or education will be received.					3. Request that the registrar (or his/her designee) verify the training plan as described by signing or stamping this form.4. Return this form within 14 calendar days to the agency that will provide the child development services.						
0												
AGENCY	(
Childre	en's Home Society o	f California										
PARENT OR CARETAKERS NAME (last, first, middle)						TELEPHONE NO.						
STREET	ADDRESS		CITY						ZIP CODE			
			TRAINING/E	DUCATI	ON IN	FORMA	TION					
NAME O	F SCHOOL OR ORGANIZ	ATION WHERE TRAINING/EDI	UCATION IS RECEIVED					TELEPI	HONE NO.			
								()			
STREET ADDRESS CITY						ZIP C						
ı			CLASS S		.E (if a	pplicab					1	
	DAY	TIME	ROOM NO	OOM NO. CO			COUR	SE NAI	UNITS			
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8. SIGNATURE OF PARENT OR CARETAKER									DATE			
SIGNATI	SIGNATURE OR STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION											
										Septembe	r 2002 Rev. May 20	