

CHILDREN'S HOME SOCIETY OF CALIFORNIA
DECLARATION (Vocational Training/Educational Program)

Parent Name (Please Print): _____

Training/Education Information

Name of School _____

☐ I am attending in-person classes.

Requested Online Class Time

	Day(s)	Start Time	End Time	Course Name
1.				
2.				
3.				
4.				
5.				
6.				

Requested Study Time Schedule

☐ I am **not** requesting study time.

☐ I am requesting study time between classes, in addition to the schedule below (Specify below)

	Day(s)	Start Time	End Time
1.			
2.			
3.			
4.			
5.			

Requested Travel Time

☐ I am **not** requesting travel time.

☐ I am requesting travel time. (specify below)

Minutes to school from provider: _____ Minutes from school to provider: _____

I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate.

Signature

Date

FOR CHS OFFICE USE ONLY:

☐ Primary Parent ☐ Secondary Parent

Notes: _____

Staff Signature: _____ Date: _____