

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

Parent Name (Please Print): _____

Training/Education Information				
Name of School _____				
<input type="checkbox"/> 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			
<input type="checkbox"/> I am not requesting study time.			
<input type="checkbox"/> 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	
<input type="checkbox"/> I am not requesting travel time.	
<input type="checkbox"/> 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:		<input type="checkbox"/> Primary Parent	<input type="checkbox"/> Secondary Parent
Notes: _____			
Staff Name: _____		Staff Title: _____	
Staff Signature: _____		Date: _____	