

**CHILD CARE DEVELOPMENT FUND (CCDF)
High School Enrollment Verification**

By my signature below, I give consent to _____ to release my enrollment information to the CCDF Intake Office listed below. This information is necessary to establish my eligibility for child care assistance.

Student (CCDF Applicant) Signature _____

Printed Name _____ Date _____

For High School Use Only:

Student's Street Address: _____

Student's City _____ Student's Zip Code _____

Student's Current Grade Level _____ Anticipated Graduation Date _____

Date Year Begins _____ Current Year Ends _____

Student's School Day Begins _____ AM PM AM PM
Student's School Day Ends _____

Check Days Attending: Monday Tuesday Wednesday Thursday Friday Saturday

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Completed by: _____ Date _____

Printed Name: _____ Title _____

PLEASE RETURN FORM TO: *Community Alliance & Services for Young Children, CASY
1101 S. 13th Street, 2nd Floor
Terre Haute, IN 47802
812-232-3952 or 800-886-3952
Fax 812-232-1731*