

**Trident Technical College  
Project ASSIST  
CHILDCARE PROVIDER VERIFICATION FORM**

*(Please Print)*

Parent Name \_\_\_\_\_ ID# \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_

Daytime # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Parent's Student Status: Full-Time  Part-Time  Day  Evening

Name of Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Type of Facility: Family Child Care Home  Child Care Center

Please provide Federal ID #/ Registration # \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

✓	TYPE OF SERVICE	M	T	W	Th	F
<input type="checkbox"/>	Full-time daycare	8am – 6pm	8am – 6pm	8am – 6pm	8am – 6pm	8am – 6pm
<input type="checkbox"/>	Part-time daycare					
<input type="checkbox"/>	After school care					

**Childcare Assistance Guidelines**

Childcare assistance is provided through *Trident Technical College* by the Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV). **The participant is responsible for all childcare expenses incurred when the college is closed for holidays or breaks, and the balance of provider fees not paid by the Perkins IV Grant.** Payments will not be made for private school tuition or for daycare (other than after school care) for children of school age. Funding is subject to change without notice.

Participants enrolled at Trident Technical College *receive partial reimbursement based on the number of hours attending class per semester and the number of weeks enrolled each semester.* Participants must submit class attendance reports no later than the 5th of each month. Failure to provide these reports may result in non-payment by the college for childcare services.

*Trident Technical College* does not endorse any child care providers. Selection of a provider is the decision of the parent and *Trident Technical College* assumes no liability for the safety, protection, or quality of care.

All of the information on this form is true and complete to the best of my knowledge. I give permission to Trident Technical College to verify the information on this form with the childcare provider named above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childcare Director Signature

\_\_\_\_\_  
Date