Date: 11/21/2006

## **Child Care Certification**

SSN:	Name:		Date of Bir	th:	Sex:	
Student ID:						
To be obtaine	ed from Applicant:					
I, with my		, have arranged for my child(ren) _ (Relationship),	(Name of provider)	(Names of children) to stay (Name of provider)		
at					Address)	
during my enr	rollment in the Job	Corps.				
Signature of Applicant				Date		
I,	ed from Provider:	, have agreed to take care of		(Names of child	dren) in my	
home at				(Address)		
while		(Name of Applica	ant) is enrolled in Job Corps.	I fully understand	that this	
enronnent ma	ay be as long as to	o years. The telephone number where ro		·		
Signature of Provider				Date	Date	
To be signed	by the counselor:					
Name of the 0	Counselor's Office	ild(ren) will be adequately cared for by the				
Name of the 0	Counselor's Office					

OMB Expiration Date 02/28/07

ETA 682 (REV 5/98)