Date: 11/21/2006

Child Care Certification

Pa	qe	1	οf

SSN:	Name:	Date of Birth:	Sex:	
Student ID:				
To be obtained from A				
I,	, have arranged for my child(ren) (Name of p	(Names of chil	dren) to stay	
	(Nelationship),(Name of p		ddress)	
during my enrollment		(,	aa. 000)	
Signature of Applicant		Date		
To be obtained from F	Provider:			
I,, have agreed to take care of(Name		(Names of child	ren) in my	
		(Address)		
while(Name of Applicant) is enrolled in Job Corps. I fully understand that this enrollment may be as long as two years. The telephone number where I can be reached is				
Signature of Provider		Date		
To be signed by the o	counselor:			
Name of the Counsel	or's Office:			
In my opinion, the app	olicant's child(ren) will be adequately cared for by the person named a	bove.		
Signature of Coursell				
Signature of Counseld	וו	Date		

OMB Expiration Date 02/28/07

ETA 682 (REV 5/98)