

Parent/Guardian Name: \_\_\_\_\_

I was offered a choice of child care settings:  Yes  No

Carefully choose the child care provider which your child is assigned to ensure it meets your needs:				
Child's Name (Last, First)	Check one		Child Care Provider Name	<b>COALITION USE ONLY</b>
	Full-Time	Part-Time		
				<i>Approved or Denied</i>
				<i>Approved or Denied</i>
				<i>Approved or Denied</i>
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				<i>Approved or Denied</i>
				<i>Approved or Denied</i>

**If you need assistance in choosing quality child care, please contact our Child Care Resources & Referral department at (772) 220-1220 Ext. 235 or 281. It takes time to choose quality child care, so you may want to get started right away.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Services Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

