



CONFIRMATION OF PROVIDER

Once you have chosen the *child care provider* who will care for your child(ren),
you can use this form to verify expected enrollment.

By completing and signing this form, you will help expedite the completion of the voucher.
If you will be using more than one provider, use one form per provider.

Parent Name: _____
Child #1: _____ Child #2: _____
Child #3: _____ Child #4: _____

PROVIDER INFORMATION - To be completed by the Child Care Provider:

Provider/Program Name:	_____
Address & Phone #:	_____
What is the expected <i>date of enrollment</i> for the child(ren)?	_____
Please verify the earliest date that the child can start:	_____
How long will you guarantee to hold the slot(s)?	_____
What is the latest date that the voucher can start and you will agree to take the child?*	_____
Do you expect transportation to be included on the voucher? (circle one)	No Yes: 1-way Yes: 2-way
*If the voucher must start after the date provided, Child Care Choices of Boston will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll.	

This form is **NOT** confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for enrolled children with a signed, current voucher. Children are not considered enrolled in subsidized care until the first day the child actually attends the program following the start date indicated on the voucher.

Parent Signature

Date

Provider Signature

Date

Please print name

Phone Number



**Early education and care
and out of school time care.**

105 Chauncy Street, 2nd Floor, Boston, MA 02111
Phone (617) 542-KIDS (5437) Fax (617) 292-4629
www.ChildCareChoicesofBoston.org
www.Bostonabcd.org



Child Care Choices of Boston
A program of Action for Boston Community Development, Inc.