



### 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 *date of enrollment* 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.**

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