

Community Child Care Council (4Cs) of Alameda County

Vocational Goal Training Agreement

If you are receiving subsidized child care services in order to enroll in school or continue your education you must comply with the following:

- ◆ Submit a training form to your school for completion & to 4Cs each semester/quarter
- ◆ Sign the Authorization to Release Information form
- ◆ Submit grades at the end of each semester/quarter
- ◆ State your professional or vocational goal
- ◆ You must be successfully progressing towards your professional or vocational goal. You will be allowed 6 years from the 1st day you begin school to complete your goal. You must be making satisfactory progress. If you are placed on academic probation you will be allowed one (1) semester to bring your grades up. A grade of “C” or more is required in each class. You will also be allowed to take 24 units after you obtain a Bachelor’s Degree
- ◆ You are allowed to change your professional or vocational goal. If your goal has been changed you must complete the 2nd choice in order to continue using training as an option
- ◆ On-Line or televised instructional classes that are unit bearing classes from an accredited training institution shall be counted as class time at one hour a week for each unit. Additional documentation will be required.
- ◆ Study time will be determined on a case by case basis and the parent must request study time if needed
- ◆ Documentation of completion of training will be required
- ◆ **Child care will be provided only when you are in school (no care will be provided during school breaks (i.e. spring break, winter and summer) unless there is a documented need for that time period**

For Office Use only

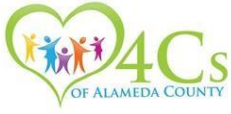
1st day of training _____ Last day of Training _____

Degrees received: _____
(AA, AS, BA, BS)

Date: _____

Training Participant Signature

Date



Community Child Care Council (4Cs) of Alameda County

California Department of Education
Child Development Division
CD-9605 Revised 8/84
Complete w/CD-9600, when applicable

4Cs of Alameda County
8105 Edgewater Drive, Suite 270
Oakland, CA 94621

Training Verification

This form is to be completed out by the parent or caretaker who is attending school or receiving training

Parent or Caretaker name: _____
Last First Middle

Address: _____
Number and Street City Zip Phone Number

School or organization where training/education is received:

Name: _____

Address: _____
Number and Street City Zip Phone Number

Date this term began: _____ Date this term ends: _____

Professional or vocational goal: _____

Anticipated date of completion for training/education: _____

Class schedule:

	Day(s)	Time	Name of Course	Units	Room #
1		-			
2		-			
3		-			
4		-			
5		-			
6		-			
7		-			
8		-			

Signature of Parent or Caretaker

Date

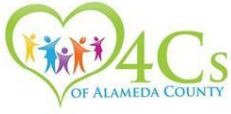
Signature & stamp of registrar of school or organization

Date

Instructions

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all of the information requested.
2. When completed take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.



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4. Return this form within two weeks to the agency that will provide the child development services

PARENTS ATTENDING SCHOOL/TRAINING

4Cs will not reimburse providers during regularly scheduled academic breaks. The parent should not utilize childcare during this time unless authorized by the childcare specialist. Parents are responsible for communicating their school schedule and breaks to the provider and to 4Cs.

AUTHORIZATION TO RELEASE INFORMATION

Business/School//Licensed Professional's Name

Address

Telephone Number

Usual Business Hours

Purpose: In signing this consent form, you are authorizing the Community Child Coordinating Council of Alameda County (4Cs) to request information (as specified) from the employer/school or licensed professional. 4Cs will use this information to determine the participant's eligibility. The use or disclosure of financial, school enrollment/ training forms, progress report/grades, nature/definition of current mental or physical incapacity or other information maintained in the individual data file concerning participants and their families will be limited to purposes directly connected with the administration of this child development program.

Program Type: This information may be used for applicants or participants of the following programs:
CalWORKs Child Care Stage I, II, & III Program
Alternative Payment Programs Center Based Programs

Uses of information to be Obtained: 4C's is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552A.

Authorization: I authorize 4Cs to obtain Employer/School information to continue my need & eligibility for child care services pertaining to the following:

- Hours & Days of Employment
- Income Verification
- School Enrollment Status
- Progress Report/Grades
- School Completion Date
- Hours & Days or Child Care Required
- Nature of Incapacity
- Probable Dates of the Incapacity
- Hours & days child care is needed for incapacity

Participants Name (Print)	Participants Signature	Date
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