



Community Child Care Council (4Cs) of Alameda County

Providing Services to Families, Children, and Childcare Professionals since 1972

ACADEMIC TRAINING VERIFICATION

1. Primary Parent Full Name	2. Phone #	3. Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Address	5. City	6. Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. E-Mail		
<input type="text"/>		

SOURCE OF INCOME

Unemployment: \$ _____ Other: _____ \$ _____

Child Support: \$ _____

ACADEMIC GOAL

Main Education or Training Goal (Please choose only one):

- | | |
|--|--|
| <input type="checkbox"/> Prepare for a new career (acquire new job skills) | <input type="checkbox"/> Obtain a two-year Vocational Degree |
| <input type="checkbox"/> Advance in current job/career (update job skills) | <input type="checkbox"/> Obtain a two-year Associate Degree |
| <input type="checkbox"/> Improve Basic skills in English, Reading or Math | <input type="checkbox"/> Obtain a Bachelor's Degree |
| <input type="checkbox"/> Complete credits for High School Diploma/GED | <input type="checkbox"/> Obtain a Master's Degree |
| <input type="checkbox"/> Obtain a Vocational Certificate | <input type="checkbox"/> Maintain a certificate or license |
| <input type="checkbox"/> Other (please specify) _____ | |

Field of Study: _____

Career goal upon completing education: _____

Name of School/Organization: _____

Address: _____

Date Current Semester/Term Begins: _____ Date Current Term Ends: _____

Expected Date of Completion: _____

CLASS SCHEDULE

COURSE NAME	COURSE #	DAY (S)	TIME	AM	PM	UNITS

FAILED COURSES/COURSES TO BE REPEATED

COURSE NAME	GRADE	CLASS START & END DATE
		-
		-
		-
		-
		-

OFFICE USE ONLY Progress/GPA: _____ Date Child Care Begins: _____ Date Child Care Stops: _____