Victorville TAD/WTW/Child Care/PID

**County of San Bernardino - Eligibility Services**

901109366 Main St Phone: (785) 718-5618

VICTORVILLE, CA 92392-2546

**Worker Name:** Daffy Duck

**Worker ID:** 36LS18LB05

**Worker Phone Number:** (999) 999-9999

**Date:** 07/14/2019

**Case Name:** Bugs Bunny

**Case Number:** 3161692

**CHILD CARE CERTIFICATE**

## Program: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Certificate ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This certificate is redeemable for child care services only for the time indicated and for the child listed on this certificate.

**This certificate is non-transferable.**

## Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: Age as of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: Parent's Address: Effective Date: Beginning: Ending:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days | **Regular Schedule**  Regular Hours | Total | Days | **Vacation Schedule**  Vacation Hours | Total |

Monday 0 Monday 0 Monday 0 Tuesday 0 Tuesday 0 Tuesday 0 Wednesday 0 Wednesday 0

Wednesday 0

Thursday 0

Thursday 0

Thursday 0

Friday 0

Friday 0

Friday 0

Saturday 0

Saturday 0

Saturday 0

Sunday 0

Sunday 0

Sunday 0

**Regular Weekly Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_0\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Notes:** |

Monday 0 Monday 0 Monday 0 Tuesday 0 Tuesday 0 Tuesday 0 Wednesday 0 Wednesday 0 Wednesday 0

Thursday 0

Thursday 0

Thursday 0

Friday 0

Friday 0

Friday 0

Saturday 0

Saturday 0

Saturday 0

Sunday 0

Sunday 0

Sunday 0

**Vacation Weekly Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_0\_\_\_\_\_\_\_**

## Variable Pay Type: \_\_\_\_\_\_\_\_\_\_\_

Provider Name: Provider ID:

Provider Address:

Rates:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Schedule Type:** | **Care Type:** | **Rate Type:** | Time Type: | Provider Rate: | County Will Pay: | Co-Pay: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Time Family Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time Family Fee Registration/Materials Fee: $\_\_\_\_\_\_\_\_\_\_\_ Fee Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Discount: (Any sibling discount is included in the above rates.)

Type of care:

A signed provider contract and rate sheet must be on file with the child care agency listed above prior to any payment. Sign-In sheets will be provided and must be completed accurately and returned to the office monthly, by the date specified in your provider handbook. Parent confirms the information on this certificate is a true representation of their child care needs. Any co-payment to the Provider is the sole responsibility of the parent.

Parent Signature Date

Provider Signature Date

Agency Representative Signature Date

Phone #

Hours