



School Readiness Match Child Care Authorization Form

Client Information

Parent Name:			
<i>Last</i>		<i>First</i>	<i>M.I.</i>
Home address		Apartment/Unit #	
<i>Street Address</i>			
City		Zip Code	
Phone:	()		

Children's Information

Childs Name:
DOB:
Age:

Children's Information

Childs Name:
DOB:
Age:

Children's Information

Childs Name:
DOB:
Age:

School Readiness Match Partner

Name of SR Match Partner:
Authorization Date:
Contact Information:
Name:
Phone Number: () -
e-mail address:

Purpose of Care: Job Search or School

Number of hours:
Expiration date:

Child Care Provider

Contact Information:
Name:
Phone:
e-mail address:

ELC Staff

Name:
Date & Time of Contact:
Date & Time of Contact:
Date & Time of Contact:
Date & Time of Contact: