



Verification Form for Full-Day, Full-Year Program Option

This form is to be completed upon enrollment and updated as needed. This completed form must be placed in the child’s permanent record. ***Instructions:*** Please answer the following questions and return the completed form with any required verifications to the child’s teacher.

Child's Name: _____ Date: _____

1. Does the child or family member have special needs that justify full-day, full-year services?

Yes _____ No _____ If yes, please describe _____

Verification by Disabilities Coordinator: Initials _____

2. Father/guardian name _____ Working or attending job training?

Yes _____ No _____

If Yes, name of employer or school _____ Number of hours per week/semester hours: _____.

Mother/guardian name _____ Working or attending job training?

Yes _____ No _____

If Yes, name of employer or school _____ Number of hours per week/semester hours: _____.

3. Do you rely on the classroom to be open during snow days (days the public schools are closed)?

Yes _____ No _____