

Gateways Credential

Proof of Care Family Child Care Providers

Parent/Guardian Statement

Your Family Child Care Provider is applying for a Gateways to Opportunity program and must provide proof of caring for children. Thank you for taking the time to complete this form to support your Family Child Care Provider. If you have any questions while completing this form, please call the Gateways to Opportunity office at (866) 697-8278 and ask to speak with a Professional Development Counselor.

This form verifies that: (Name Of Provider) _____
is the Family Child Care Provider (FCCP) for my child(ren).

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Please complete the following chart for your child(ren) (one row per child in care):

Name of Child	Current age of Child	Hours Per Week Child is in the Care of this Family Child Care Provider	Weeks Per Year Child is in the Care of this Family Child Care Provider	Number of Years Child has been in the care of this Family Child Care Provider
Jane Doe (sample)	5	20	40	3

Days of care (select all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Drop off time: _____:_____ am/pm

Pick up time: _____:_____ am/pm

Do your child(ren) still attend this program? Yes _____ No _____

If no, when did they stop attending? _____

Parent/Guardian Signature: _____ **Date:** _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

You may receive a phone call from our office to verify the information provided.