



# Community Child Care Council Of Alameda County

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

## Vocational Goal Training Agreement

**If you are receiving subsidized child care services in order to enroll in school or continue your education you must comply with the following:**

- ◆ Submit a training form to your school for completion & to 4C's each semester/quarter
- ◆ Sign the Authorization to Release Information form
- ◆ Submit grades at the end of each semester/quarter
- ◆ State your professional or vocational goal
- ◆ You must be successfully progressing towards your professional or vocational goal. You will be allowed 6 years from the 1<sup>st</sup> day you begin school to complete your goal. You must be making satisfactory progress. If you are placed on academic probation you will be allowed one (1) semester to bring your grades up. A grade of "C" or more is required in each class. You will also be allowed to take 24 units after you obtain a Bachelor's Degree
- ◆ You are allowed to change your professional or vocational goal. If your goal has been changed you must complete the 2<sup>nd</sup> choice in order to continue using training as an option
- ◆ On-Line or televised instructional classes that are unit bearing classes from an accredited training institution shall be counted as class time at one hour a week for each unit. Additional documentation will be required.
- ◆ Study time will be determined on a case by case basis and the parent must request study time if needed
- ◆ Documentation of completion of training will be required
- ◆ **Child care will be provided only when you are in school (no care will be provided during school breaks (i.e. spring break, winter and summer) unless there is a documented need for that time period**

For Office Use only

1<sup>st</sup> day of training \_\_\_\_\_ Last day of Training \_\_\_\_\_

**Degrees received:** \_\_\_\_\_  
(AA, AS, BA, BS)

**Date:** \_\_\_\_\_

Training Participant Signature

Date

California Department of Education  
Child Development Division  
CD-9605 Revised 8/84  
Complete w/CD-9600, when applicable

4C's of Alameda County  
8105 Edgewater Drive, Suite 270  
Oakland, CA 94621

**Training Verification**

This form is be completed out by the parent or caretaker who is attending school or receiving training

Parent or Caretaker name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number and Street City Zip Phone Number*

**School or organization where training/education is received:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street City Zip Phone Number*

Date this term began: \_\_\_\_\_ Date this term ends: \_\_\_\_\_

Professional or vocational goal: \_\_\_\_\_

Anticipated date of completion for training/education: \_\_\_\_\_

Class schedule:

	Day(s)	Time	Name of Course	Units	Room #
1		-			
2		-			
3		-			
4		-			
5		-			
6		-			
7		-			
8		-			

\_\_\_\_\_  
*Signature of Parent or Caretaker*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature & stamp of registrar of school or organization*

\_\_\_\_\_  
*Date*

**Instructions**

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all of the information requested.
2. When completed take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services



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4C's will not reimburse providers during regularly scheduled academic breaks. The parent should not utilize childcare during this time unless authorized by the childcare specialist. Parents are responsible for communicating their school schedule and breaks to the provider and to 4C's.

## AUTHORIZATION TO RELEASE INFORMATION

**Business/School/Licensed  
Professional's Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_

**Usual Business Hours**

\_\_\_\_\_

**Purpose:** In signing this consent form, you are authorizing the Community Child Coordinating Council of Alameda County (4C's) to request information (as specified) from the employer/school or licensed professional. 4C's will use this information to determine the participant's eligibility. The use or disclosure of financial, school enrollment/ training forms, progress report/grades, nature/definition of current mental or physical incapacity or other information maintained in the individual data file concerning participants and their families will be limited to purposes directly connected with the administration of this child development program.

**Program Type:** This information may be used for applicants or participants of the following programs:  
**CalWORKs Child Care Stage I, II, & III Program**  
**Alternative Payment Programs Center Based Programs**

**Uses of information to be Obtained:** 4C's is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552A.

**Authorization:** I authorize 4C's to obtain Employer/School information to continue my need & eligibility for child care services pertaining to the following:

- Hours & Days of Employment
- Income Verification
- School Enrollment Status
- Progress Report/Grades
- School Completion Date
- Hours & Days or Child Care Required
- Nature of Incapacity
- Probable Dates of the Incapacity
- Hours & days child care is needed for incapacity

Participants Name (Print)	Participants Signature	Date
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