EMPLOYMENT/SCHOOL/TRAINING VERIFICATION

Parent/Guardian Applicant Information:

Full Name: _____

Address: _____ City/State/Zip: _____

Employer/School Name: _____

Address: _____

Phone: _____ Fax: _____

I authorize my employer or authorized school/training personnel to release to the Little Warriors Learning Center the following requested information.

Parent/Guardian Signature _____ Date _____

Employer/School Information:

We are required to verify the income of families requesting services through our Child Care Subsidy Program. Your cooperation in providing the following requested information will assist us in completing the application process. If you have any questions or concerns, please contact the Little Warriors Learning Center's Child Care Director at 775-574-1031. Thank you.

TO BE COMPLETED BY EMPLOYER/SCHOOL/TRAINING PERSONNEL

Current rate of pay: $ _____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year

How many hours do you anticipate the employee/student working/attending per week? _____

What are the days that the employee/student is regularly scheduled to work/attend (check all that apply)?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Normal work/class hours (if schedule is set): From _____ AM/PM To _____ AM/PM

How often are paychecks issued? ..... ☐ N/A ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Does the employee work overtime?..... ☐ N/A ☐ Yes ☐ No Est. Hours _____ per _____

Does the employee receive commissions?.. ☐ N/A ☐ Yes ☐ No Est. Amount $ _____ per _____

Name of employer representative: _____ Title: _____

Signature: _____ Date: _____

LWDC Staff

Received by: _____ Date: _____

Offering quality care to families in the Pyramid Lake communities

Updated 8/26/2016