

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES
TEEN PARENT CHILD CARE AUTHORIZATION

TO: EARLY LEARNING COALITION

FROM: Pinellas County Schools
Teen Parent Programs

Teen Parent Authorization for Payment for Licensed Day Care

Parent / Guardian #1

Client's Name: _____ Birthdate: _____
Address: _____ Race: _____ Sex: _____
City: _____ Zip: _____ Telephone #: _____
Family Size: _____ Email address: _____
Current school attending: _____ Grade: _____

Parent / Guardian #2

Client's Name: _____ Birthdate: _____
Address: _____ Race: _____ Sex: _____
City: _____ Zip: _____ Telephone #: _____
Family Size: _____ Email address: _____
Current school attending: _____ Grade: _____

Child Needing Care

Last Name: _____ First Name: _____ Birthdate: _____
Race: _____ Sex: _____ Special Needs: _____
School Authorization: The above client is eligible for licensed daycare to be subsidized by School Board. Pony to Educational Alternative Services, Administration Building, for signature. Authorization is valid until official termination notice is given.

Resource Teacher

Date

Approved by:
Administrator, Educational Alternative Services or Program Designee

Date

TRANSFERS

		Date: _____
Effective Date	Transfer out of: _____	Resource Teacher
Effective Date	Transfer into: _____	Administrator or Program Designee
Effective Date	Transfer out of: _____	Resource Teacher
Effective Date	Transfer into: _____	Administrator or Program Designee

(To be used **ONLY** when student is no longer authorized for paid day care.)

TERMINATIONS

Termination Date _____ Resource Teacher _____
Reason for Termination: _____

Date _____ Administrator or Program Designee _____