



PARENT ENGAGEMENT VOUCHER FOR CHILD CARE

TO BE COMPLETED BY PARENT

PLEASE LIST NAMES OF CHILDREN NEEDING CARE:

Head Start child: _____

Brother or Sister (s): _____

Name of Parent: _____ Address: _____

City: _____ Zip: _____ Phone # of Parent: _____

Type of Head Start Activity: _____

Time: From: _____ Until: _____ Date(s) of child care: _____

Total Hours: _____

I have chosen my own child care provider. I understand that payment by Region 7 ESC to my child care provider for services on my behalf shall not subject Region 7 ESC to any claim of liability for damages or injuries occurring during the child care.

Parent/Guardian Signature

Date

I do hereby affirm that I provided care for the above child/children in order for the parent/guardian to attend a Head Start activity. I acknowledge that Region 7 reimbursement will be at the rate of \$11.14 per hour using a minimum of 2 child care providers when appropriate

TO BE COMPLETED BY CHILD CARE PROVIDER

Child Care Provider's Signature

XXX-XX-_____
Social Security Number

Child Care Provider's Name _____

Social Security Number

Print Child Care Provider's Name _____

Address _____

City _____ State _____ Zip _____ Phone

Number _____ Today's Date _____

Amount Due \$ _____

RETURN TO: Program Compliance Coordinator, Region 7 ESC Head Start, 1909 N. Longview Street, Kilgore, Texas 75662, (903)988-7644.

FOR REGION 7 STAFF ONLY

Date(s) of Head Start Activity _____

Purpose of Head Start Activity _____

Site Location of Head Start Activity _____

Family Service Worker/Advocate _____ Date: _____

Coordinator/Consultant Signature _____ Date: _____

Head Start Director Signature _____ Date: _____

Childcare Vouchers Must Be Submitted Within 14 Calendar Days after the Event for Reimbursement

"Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations."

