



Dear Parent,

As an essential worker during the current Covid 19 pandemic, you are eligible for temporary assistance with child care funding.

Funding will be effective April 1, 2020 to June 30 2020.

In order to make your certification as smooth as possible I am requesting the following information from you:

- **Proof of employment – either the Employment verification, signed by your employer (enclosed), current badge/ID from hospital/clinic, or current paystub)**
- **All other enclosed paperwork**

Please email or fax me back everything completed by _____ in order for us to begin care immediately.

Thanks,

Jody Stamps
Program Director

Marin Child Care Council
555 Northgate Dr #105
San Rafael, Ca 94903

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jody@mc3.org



EMERGENCY AND IDENTIFICATION INFORMATION

Family Information

Child(ren)'s Name(s): _____

Mother's Name: _____

Address: _____ Phone: _____

_____ Father's Name: _____

Address: _____ Phone: _____

E-mail Address _____

Emergency Information

Name of persons authorized to take child from the facility or who may be called in the event of an emergency: (Children will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Address	Telephone	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician to be called in an emergency

Name: _____ Telephone _____

Address: _____

If physician cannot be reached, what action should be taken? _____

Insurance Name: _____ Insurance Number _____

Allergies or Other Medical Limitations: _____

Signature _____ Date _____

Parent or Guardian

To ensure the health and welfare of your child(ren), you should provide the following information to your childcare provider:

- Your up-to-date contact information including work and home numbers
- Allergies, medical limitations or special needs
- Sign a medical release from for treatment
- Doctor's name and phone number
- Complete immunization record
- Action to be taken in the event of an emergency



Employment Verification

I authorize my employer to release any information regarding my employment requested in this form. This information is required to determine eligibility and need for childcare services. I also give Marin Child Care Council permission to contact my employer for any clarification regarding information on this form.

Parent _____ Signature _____ Date: _____
(print name)

TO BE FILLED OUT BY THE EMPLOYER:

In order to provide services to our clients, we must have verification of their need for service. You will facilitate this process by answering the following questions regarding the above named employee.

Employment Record:

His/her first date of employment was/is _____

If the employee is temporary, what are the start/end dates of employment? _____ / _____

Employee Schedule: (Note - please fill out only ONE section below - either A or B)

Section A: For parents with regular/fixed schedules:

Please specify the regular work schedule each day (example: M 11am-7pm)
M _____ T _____ W _____ Th _____ F _____ S _____ Su _____
Total number of paid hours per week _____

-OR-

Section B: For parents with variable, non-fixed schedules:

If the employee's work schedule can vary, please answer the following based on what the employee could work: Circle the possible work days: M T W Th F S Su
earliest time s/he could begin work _____ latest time s/he could end work _____
minimum number of hours/day _____ maximum number of hours/day _____
maximum number of days/week _____

Payment:

Rate of pay \$ _____ per _____

S/he gets paid (circle): weekly every two weeks twice a month monthly other

It is possible that s/he could receive any of the following kinds of pay (circle):

Shift differentials Bonuses Tips Commissions Overtime

> I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge. **To be filled out by manager, supervisor or HR Dept.**
(Please print or type)

Name of person filling out form

Name of Company/Organization

Title Phone #

Business Address

Signature & date

City, State Zip

For MC3 use only:
Verified by: _____
Date: _____
Comments: _____

Parental Waiver/Release of Information Form

I, _____ authorize the Marin Child Care Council to release and/or obtain information (indicated on the bottom of this form) about my family and child(ren), _____ to the agencies/individuals below.

I understand that the purpose of this exchange of information is to allow agencies/individuals working with my family to plan and coordinate my child care and social service needs, as well as to gather records and information which must be documented in subsidized child care files.

I authorize the exchange of information between Marin Child Care Council and the following agencies/individuals:

- | | <u>Parent initials</u> |
|--|------------------------|
| 1. <u>Childcare provider(s) of enrolled child(ren)</u> | _____ X |
| 2. _____ | _____ |
| 3. _____ | _____ |

This release covers the time period from April 1, 2020 to June 30, 2020

Information to be shared:

- | | <u>Parent initials</u> |
|--|------------------------|
| <input type="checkbox"/> Consultation about child, family child care and social service needs | _____ X |
| <input type="checkbox"/> Family status (income, job, training, family members, vital statistics) | _____ X |
| <input type="checkbox"/> Other: _____ | |

Parent/guardian: _____

Date: _____

Parent/guardian: _____

Date: _____

Marin Child Care Council
Parents Rights & Responsibilities - ER 2020

I, _____, have entered into an agreement with Marin Child Care Council's Emergency Response 2020 Payment Program who will provide subsidized child care payments for my child(ren), _____
_____.

I understand that I have the right to confidentiality regarding all documentation required by Marin Child Care Council and can waive that right only by a written waiver, signed by me. I understand that I will continue to receive subsidy through June 30, 2020. I further understand that I have the right to select a child care provider of my choice, as long as that provider is eligible to provide care.

Parent #1 _____

Parent #2 _____

Date Signed _____

