

WIA Intensive Services and Training

Workforce Development Center, York Technical College, 452 S. Anderson Rd., Rock Hill, SC 29730 803-327-8006

Participant Tracking Information *To Be Completed By Participant*

Participant Name _____ SS# / Colleague ID _____ School Status (circle): FT PT

Current Address _____ WIA Case Manager: _____ Month: _____

Please check if your address has changed. Have there been any changes in child care needs as indicated on the Child Care Provider Form? Explain: _____

(These dates must correspond with the monthly date range on the participant's attendance sheet.)

Child Care Service Log

To Be Completed by the Child Care Provider (Monthly Increments, Front and Back Page)

Payment of child care cost will be linked to the participant's activity/training attendance. If participant is absent from the activity/training, the payment will not be made. See Statement of Understanding for details on child care payment amounts.

FIRST WEEK

Child's Name	Age	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out	

SECOND WEEK

Child's Name	Age	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out		Date Time In/ Time Out	

Name of Child Care Provider/Facility: _____ Address: _____

Provider's relationship to children in care: _____

Authorized Representative's Signature: _____ Telephone: _____

FEIN or SS#: _____ Provider's Rate for Child Care: _____ Date: _____

