

## LORAIN COUNTY JOB AND FAMILY SERVICES CONFIRMATION OF CHILD CARE ENROLLMENT

This confirms that \_\_\_\_\_ / \_\_\_\_\_  
(Name of Parent / Caretaker) (Case Number or SS Number)

has enrolled the following child(ren) at \_\_\_\_\_ on \_\_\_\_\_  
(Child Care Provider / Center) (Start Date)

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Child: \_\_\_\_\_

**Please Return to: LORAIN COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**  
**ATTN: Child Care Unit / (Worker Name)**  
**42485 North Ridge Rd**  
**Elyria, OH 44035**  
 Phone: 440-323-5726 Fax: 440-323-3422

License # of Provider/Center	Provider/Center Representative Signature	Date
Provider/Center Address	Parent/Caretaker Signature	Date
	Provider/Center Phone Number	
LCDJFS Child Care Worker Name	Provider/Center Fax Number	