

STUDENT FAMILIES POLICIES

Student parents can receive child care for a limited period during the time they are in school and/or attending a training institution enrolled in a vocational training leading directly to a recognized trade, paraprofessional, or profession. Approved child care hours will be based upon the current training schedule. Parents must submit verification of training *before* child care hours can be approved. Student parents are also required to complete a professional/vocational goal sheet.

Effective 7/1/08, child care services for students are limited to a maximum of six years from the date a parent began receiving child care services as a student or 24 units after the completion of a Bachelor's degree, whichever occurs first. In order to continue receiving child care services as a student, student parents must also demonstrate that they are making satisfactory progress toward their professional/vocational goal and meet all other program requirements.

As a parent requesting child care services for school/training, I understand that:

(Parent Initials)



_____ 1. I must submit a signed training verification form with the registrar's signature or official stamp to verify enrollment and school hours. Proof of school registration may be acceptable for a limited time, however, I must submit a signed and stamped training verification by the indicated due date. Training verifications will not be accepted if:

- they have been altered or do not appear valid
- time and days of the enrolled classes are not filled out completely and properly
- I have not signed the form, or the form has not been signed and/or stamped by the registrar of the college or by the program director of the training institution
- the closing date of the semester/term is not clearly stated on the training verification.

_____ 2. I may not exceed the use of child care during the certification period nor may I exceed the specified days and hours stated on the Notice of Action and the certificate for child care services without prior approval from Pathways.

_____ 3. Child care for school hours is granted for a maximum of six years from my initial approval of child care services as a student (beginning 7/1/08) or a maximum of 24 units or its equivalent after receiving a Bachelor's degree, whichever comes first. Time will not be deducted for periods for which I receive child care services for other reasons such as employment, or periods of ineligibility for child care.

_____ 4. I am responsible for submitting grades as proof that I am making satisfactory progress toward my professional/vocational objective during my recertification period which will occur no less than 12 months from my certification date. Pathways may require an official copy of my progress report to be sent directly and/or verify any information that is submitted

_____ 5. Satisfactory progress is defined as a 2.0 Grade Point Average or better per term in a graded program or pass the requirements in at least 50% of the classes in a non-graded program. If I fall below this standard, I will be placed on probation for no less than 12 months following my recertification. If after

the probationary period my progress is still unsatisfactory, my child care services will be terminated. In addition, I will not be eligible for child care services while training for 6 months from the date of termination.

_____ 6. If I decide to change my professional/vocational goal, I must submit the change in writing during my recertification and complete a new professional/vocational goal sheet.

_____ 7. Pathways will not approve child care services for the same course twice (repeated courses) due to failure or unsatisfactory grade.

_____ 8. I must report all types of financial aid provided to me by the college (i.e. Pell grants, work study programs, etc.) If I am an EOP student, I must also report any and all information regarding veteran's benefits, unemployment insurance, or part-time jobs.

_____ 9. I may request additional hours of child care to study. I am eligible for two hours per week per academic unit. I will not be given study time for non-academic courses.

_____ 10. For on-line or televised instructional courses that are unit bearing classes, I will be granted one hour a week for each unit as class time. I will need to submit a copy of the syllabus or other class documentation for all on-line courses.

_____ 11. I understand that the accreditation body of the training institution shall be among those recognized by the United States Department of Education.

This is to verify that I have received a copy of the Student Policy and I have been informed of my obligations as a student parent.

Parent Signature: _____ Date: _____

Fiscal Year: _____

PROFESSIONAL/VOCATIONAL GOAL SHEET

1. Parent Name: _____
2. Education or Training School/Institute: _____
3. Main education or training goal: (Please choose only one)

<input type="checkbox"/> Prepare for a new career (acquire new job skills)	<input type="checkbox"/> Obtain a two-year Vocational Degree
<input type="checkbox"/> Advance in current job/career (update job skills)	<input type="checkbox"/> Obtain a two-year Associate Degree
<input type="checkbox"/> Improve basic skills in English, Reading, or Math	<input type="checkbox"/> Obtain a Bachelor's Degree
<input type="checkbox"/> Complete credits for High School Diploma or GED	<input type="checkbox"/> Obtain a Master's Degree
<input type="checkbox"/> Obtain a Vocational Certificate	<input type="checkbox"/> Maintain a certificate/license (e.g. nursing)
<input type="checkbox"/> Other (Please specify): _____	
4. Field of study: _____
5. Career goals upon completion of education: _____

6. Anticipated date of completion: _____

I fully understand and agree to the terms of this agreement and will comply with the rules and regulations as a student family. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Progress/GPA: _____

Date Child Care for Training Began: _____

Date Child Care for Training Will Expire: _____

Notes: _____

Specialist Signature: _____

**TRAINING VERIFICATION -
 PARENT OR CARETAKER ATTENDING
 SCHOOL OR RECEIVING TRAINING**

Please print or type information.

DATE

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services.

AGENCY

PARENT OR CARETAKER'S NAME (last, first, middle)		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

PROFESSIONAL OR VOCATIONAL GOALS

CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR CARETAKER	DATE
SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION	DATE

Request for Study Time

Parent Name: _____

Case Number: _____

Semester/Quarter Start Date: _____

Semester/Quarter End Date: _____

Total # of units enrolled: _____

Parents in an approved training activity are eligible to receive child care services for study time. If you choose to request study time hours please indicate below the day/s and time that you are requesting.

According to program regulations, Title 5 18087(k)(2), study time, including study time for on-line and televised instructional classes, may be requested for up to two hours per week per academic unit in which the parent is enrolled.

Study time must be approved in writing by a Program Specialist. Hours will be approved based on reasonability of schedule requested, up to the maximum allowed.

I, _____ am requesting study time during the following periods:

	DAY	START TIME	END TIME
1.			
2.			
3.			
4.			
5.			
6.			

Please check this box if your study time hours will be on a variable schedule.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature_____
Date

Request for Travel Time

Name: _____ Case Number: _____

In order to assist us in assessing your child care needs, please indicate the following:

Title 5 18086(e)(1) – travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day.

Title 5 18087(k)(1) – travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day.

Your provider's address: _____
street address

_____ city zip code

(if more than one, please indicate): _____
street address

_____ city zip code

Your final destination: _____
street address

_____ city zip code

Your method of transportation (circle):

Car Bus Train Walk other: _____

The amount of travel time you are requesting *from provider to activity* way: _____ minutes

The amount of travel time you are requesting *from activity to provider* way: _____ minutes

Please explain why you are requesting this amount of transportation:

I declare under penalty of perjury under the laws of the United States of America and the State of California at the information in this statement of facts is true, correct, and complete.

Signature: _____ Date: _____

For Office Use Only:

Travel time was verified via: ___ Google Maps ___ Metro.net ___ Other: _____

Amount of travel time granted: _____ minutes **to** activity _____ minutes **from** activity _____

I attest this travel time is reasonable and therefore approve it: Staff initials: _____ Date: _____