Review the parent & child name

Staff Signature

CCCC Mojave 2340 Highway 58, Mojave, CA 93501

Specialist:

CHILD CARE SERVICE CERTIFICATE Start Date: 5/10/2024

arent Name: Minnie Mouse Family ID: 1234

Parent's Address: 12345	Street Add	lress. Bak	ersfield.	CA 999	99-0000									
Telephone Number: (66	1) 861-1234	•/												
Child's Name: <u>Mickey</u>	Mouse				Prag.	Code:	C1AP	Child's ID:	9876	DOB: 10/	7/2015	Age	: 8.59	
	Regular S	Schedule							Vacation	n Schedule	!			
Days	Dally	Wkly	Rate					Days	Dailv	Wkl∨	Rate			
	Hrs	Hrs	Туре		Rate	V	SM		_	Hrs	Type		Rate	
	4.33	21.65	Monthly	FTI PTI	\$364.8	26			8.75	43.75	Monthly	FTI	\$477.48	
Notes: This schedule discloses the expected Notes: This schedule discloses the expected Schedule ID: 358923 Sibling Discount O Yes Regional Market Rate Full-Time Daily \$28.17 Full-Time Weekly \$116.40 Part-Time Woekly \$92.17 Part-nme Monthly \$364.86														
			_											
Provider Name: Daisey Duck Child Care Provider					Provider ID: <u>15545</u>									
Mailing Address 3456 Child Care Provider Street					Type of Care: <u>Exempt In-Home</u> (Relative)									
<u>Bakers</u>	sfield. CA 98	745-1234		care			Tele	phone No:						
Parent confirms the inform grounds for termination. A rates on this certificate. Parent		·		into me	esenta e sole re		ibility o	hild care need f the parent. F						
Provider Signature						Date								

Date

CDC 181 P. I (1/98) Print Date: