

## 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: \_\_\_\_\_ Authorized Provider's Signature: \_\_\_\_\_

Provider's relationship to children in care: \_\_\_\_\_

Authorized Representative's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

