

Gateways Credential

Work & Practical Experience—Verification Form Family Child Care Providers

Parent/Guardian Statement

Gateways To Opportunity Credentials

Thank you for taking the time to complete this form to support your Family Child Care Provider (FCCP) in their effort to receive a credential through Gateways to Opportunity. The credential process is voluntary and demonstrates that your child care provider is going above and beyond the education and experience required by the state of Illinois to ensure your child(ren) receive the highest quality care. If you have any questions while completing this form, please call the Gateways to Opportunity office at (866) 697-8278 and ask to speak with a Professional Development Counselor.

This form verifies that: (Name Of Provider) _____
is the Family Child Care Provider (FCCP) for my child(ren).

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Please complete the following chart for your child(ren) (one row per child in care):

Name of Child	Current age of Child	Hours Per Week Child is in the Care of this Family Child Care Provider	Weeks Per Year Child is in the Care of this Family Child Care Provider	Number of Years Child has been in the care of this Family Child Care Provider
Jane Doe (sample)	5	20	40	3

Do your child(ren) still attend this program? Yes ___ No ___

If no, when did they stop attending? _____

Parent/Guardian Signature: _____ Date: _____

By signing the above, I verify that the information provided herein is accurate and correct to the best of my knowledge.

You may receive a phone call from someone at our office to verify the information provided.