



CCS Central 2
PO Box 346031
Bethesda, MD 20827

<Parent Name>
<Parent Address>
<Parent City, State Zip Code>

PARTY ID: <XXXXXX>

**HELP US TO PROCESS YOUR APPLICATION FASTER
BY COMPLETING THE FOLLOWING:**

1. On all documents submitted to CCS Central 2:
 - write your **PARTY ID**;
 - your first and last name; AND
 - the first and last name of the other parent in your household count, if applicable.
2. ONLY SUBMIT YOUR CCS APPLICATION WHEN YOU HAVE ALL DOCUMENTS.
Submitting with all documents, allows us to process your application much faster.

USE YOUR POWER AS A PARENT WISELY!

ALWAYS SELECT THE VERY BEST QUALITY CHILD CARE THAT YOU CAN AFFORD FOR YOUR CHILD(REN).

The love, care and educational experiences that you and the child care provider give daily, especially between the ages 0-8, prepare the child for school and life! If you need more information about what quality child care is, what it looks like and the questions you should ask the child care provider before enrolling your child, please contact LOCATE: Child Care at 877-261-0060 or visit the following websites:

For more information, visit:

1. MarylandEXCELS.org
2. Marylandchild.org
3. Money4ChildCare.com

Sincerely,
CCS Central 2
1-877 227-0125

	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program ONLINE CLASSES VERIFICATION	Return To: CCS Central 2 PO Box 346031 Bethesda, MD 20827
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Online classes are considered an approved activity. In order to be considered, you must provide a description of the class from the official catalog, as well as a self-declared statement that indicates on which days and hours you will take the class online. **Do not** include study time in the reported hours.

Section 1 General Information	
First Name: <First Name>	Last Name: <Last Name>
Date of Birth (DOB):	Contact Phone Number: <Phone Number>
Social Security Number (SSN) (Optional):	

Section 2 Online Class Details							
Name of Organization:				Organization Web Site:			
Name of Classes:				Class Description:			
Activity Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
If you do not have a standard activity schedule, enter total hours per week spent on this activity:							

Section 3 Signature	
By signing, I declare that I attend online classes for the total hours per week stated above.	
Signature	Date