Child Care Connections of Cleveland County, Inc
Education Incentive Bonus
2020-2021

Date: _____

*Name: _____

*Mailing Address: _____

*City: _____ State: _____ Zip Code: _____

*Telephone #: _____ *Email: _____

Social Security #: _____-___-_____

*Child Care Facility: _____

Semester: Fall [ ] Spring [ ]

Classes enrolled in:

1. _____ 2._____
3. _____ 4._____
5. _____ 6._____

For Office Use Only:
Grades: Class 1: _____ Class 2: _____ Class 3: _____ Class 4:_____

Check Issued Date: _____ Check #: _____

[ ] Approved [ ] Disapproved Amount:_____

Review Team: _____

* Please contact us if any of this information changes