

FOR-PROFIT CHILD CARE SUBSIDIES SUMMARY

Name: _____ Number (P0...) _____

Site Name: _____ Month/Year: _____

Total Enrollment for the Month: _____

Copies of DCF Notification of Eligibility must be on file for each child listed below. EBT payment documentation must also be on file for review.

Names of Enrolled Children Receiving DCF Subsidies for the Month:	Check if DCF Notification on file	Date DCF Eligibility Expires	Comments:
1.			
2.			
3.			
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Copies of DCF Notification of Eligibility must be on file for each child listed below. EBT payment documentation must also be on file for review.

Names of Enrolled Children Receiving DCF Subsidies for the Month:	Check if DCF Notification on file	Date DCF Eligibility Expires	Comments:
26.			
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