

**Child Care Connections of Cleveland County
Education Incentive Bonus
2009 – 2010**

Date: _____

*Name: _____

*Mailing Address: _____

*City: _____ State: _____ Zip Code: _____

Social Security #: ____ - ____ - _____

Child Care Facility: _____

Semester: Fall [] Spring []

Classes enrolled in:

1. _____

2. _____

* Please contact us if any of this information changes

For Office Use Only:

Grades: Class 1: _____ Class 2: _____

Check Issued Date: _____ Check #: _____

[] Approved [] Disapproved Amount: _____

Review Team: _____