FORM CODE: IECD/CCL/2020

INSTITUTE OF EARLY CHILDHOOD DEVELOPMENT

GOVERNMENT FINANCIAL ASSISTANCE FOR PARENTS WITH CHILDREN IN REGISTERED DAY CARE AND CHILDMINDING SERVICE

CHILDREN'S CONFIRMATION LIST

A: NAME OF DAY CARE/CHILDMINDING SERVICE: ……..…….

NAME OF DAY CARE OPERATOR OR CHILDMINDER: ……..……..……..….

Children's Full Name	Date of Birth (DD/MM/YY)	Gender (M/F)	NIN	Parents/Guardians' Full Name	Home Address	Contact Details

Children's Full Name	Date of Birth (DD/MM/YY)	Gender (M/F)	NIN	Parents/Guardians' Full Name	Home Address	Contact Details

B: IMPORTANT DOCUMENTS REQUIRED

Attach the following supporting documents with this completed form:

a. All completed Parental Confirmation Forms (IECD/PCL/2020)
b. All copies of the National Identity Cards for Parents and Children

C. DECLARATION

I certify that the information provided in the Children's Confirmation List, is true and complete. I will notify IECD in writing of any changes related to the above information and understand that failure to disclose accurate information may render the Children's Confirmation List invalid. These are subject to verification by IECD Authorized Officials, in performing its due diligence for the purpose of accountability and transparency.

Signature of Day Care Operator/Childminder: …….……

OFFICIAL STAMP HERE (*If applicable*)

Submission Date: …….……..……....