

Employee Child Application Approval Form

Agency Name: _____ Program Option: _____

Date Submitted: _____

Child's Name: _____ Parent/Guardian Name: _____

Relation to Staff Member: _____

Comments: _____

___ Approved

___ Denied

Rationale for
Denial _____

Submitted by (Delegate/DO Representative): _____

Name/Signature

Title

Date

Approved by (Grantee Coordinator): _____

Name/Signature

Title

Date