West CAP Skills Enhancement Program
PO Box 308 – 525 2ⁿᵈ Street
Glenwood City, WI 54013
Phone: 800.606.9227 x 1314 Fax 715.265.7031

Participant Name_____   **For: Month _____   Year _____**

Name of child care provider _____

Address _____ City _____ Zip_____

Phone # _____ Federal Employer ID # _____ Soc. Sec # _____

Check one: Licensed group ____   Licensed family ____   Certified ____   Other ____

Participant's name & address   _____

Enter child's name	Enter child's age
1.	
2.	
3.	

Cost per: hour ___ day ___ week ___   *for*: 1st child $_____   2nd child $_____   3rd child $_____

Date	Hours			Total hours	Date	Hours			Total hours
	1st child	2nd child	3rd child			1st child	2nd child	3rd child	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					Total hours for all days -------->				

Signatures verify the information stated above is true and correct. Falsification of information may result in termination from the program and legal action.

The Skills Enhancement Program assists with childcare for up to six credits, with a maximum of 12 hours per week per child. The program pays $1.75 /hour per child for childcare while a program participant is engaged in school related activities. There is a maximum reimbursement of $125 a month for each participant.

Participant's signature   _____ Date _____

Provider's signature   _____ Date _____

Authorized by   _____ Date _____

Total $_____   Code_____