

E-Child Care (ECC) Cardholder Designee Form

Case # / Family Id # _____

Client Name _____

Address _____

City, State & Zip _____

PLEASE PRINT

CHILD (REN)'S NAME: _____ _____ _____ _____	NAME and BIRTHDATE OF DESIGNEE (S): UP TO 2 PER FAMILY ALLOWED (1) Name _____ Date of Birth _____ (2) Name _____ Date of Birth _____

I _____ herby authorize the above named as
(NAME OF PARENT / CLIENT)
cardholder(s) in order to verify and confirm my child(ren)'s attendance by swiping their Families First card at the child care providers Point of Service (POS) machine or by using the telephone reporting system called an Interactive Voice Response (IVR).

SIGNATURE OF PARENT DATE

A CAREGIVER OR AN EMPLOYEE OF A CHILD CARE PROGRAM CANNOT BE DESIGNATED AS CARDHOLDER.

RETURN COPY OF COMPLETED AND SIGNED FORM TO:	
Community Child Care Solutions 103 Center Street Perth Amboy, NJ. 08861	Community Child Care Solutions 92 East Main St. Suite 304 Somerville, NJ 08876