

Community Coordinated Child Care of Union County

Fax Form to: 973-391-2634 or 973-926-4758

Date:

Family ID:

Print Parent Name:

Parent EBT Card:

Current Address:

To Whom It May Concern:

I need e-Child Care Cards for the following people who drop off/pick up my child(ren). I understand that I may designate no more than 2 people and that my provider cannot be one of the designees.

(1) Designee Name

Designee Date of Birth

_____/_____/_____
Month / Day / Year

(2) Designee Name

Designee Date of Birth

_____/_____/_____
Month / Day / Year

Parent Signature