

**Early Learning and Child Care Program
Family and Group Child Care Homes
Kindergarten Child as School Age Child - Age Exemption Request Form**

A. Facility Information	
Facility Name:	Facility Number:
E-mail:	Phone number:
Child Care Coordinator:	Subsidy Advisor:
B. Family Information	
Child's Name:	
Date of Birth (yyyy/mm/dd):	
<input type="checkbox"/> Attending full day kindergarten	<input type="checkbox"/> Attending half day kindergarten and six years of age
Requested Start Date (yyyy/mm/dd):	
Parent/Guardian's Name(s):	
C. Facility Authorization	
<input type="checkbox"/> I certify I have obtained consent from the parent(s)/guardian(s) for this age exemption request.	
<input type="checkbox"/> I certify that the above information is accurate and that I am able to meet the needs and provide appropriate programming for the child. In addition, I acknowledge that all applicable regulations, including fees will be applied.	
Provider's Name:	Date:
D. FOR OFFICE USE ONLY	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Child Care Coordinator Name:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Approved Start Date (yyyy/mm/dd):
ELCC Specialist/Supervisor Name:	Date:
c. <input type="checkbox"/> Facility - Provide copy to Parent(s)/Guardian(s) <input type="checkbox"/> Subsidy Advisor <input type="checkbox"/> Child Care Coordinator	