



Mrs. Lola Vallaire-Thomas
Early Childhood Supervisor

Mrs. Delia Girouard
Early Childhood Facilitator

Mrs. Chauntel Clark
Early Childhood Facilitator

Mrs. Kimberly Vincent
Early Childhood Facilitator

VERMILION PARISH SCHOOLS

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Early Childhood Advisory Council:

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President

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Vice President

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Ms. Maleka Broussard
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Mrs. Amanda Clark
Council

To whom it may concern:

Eligibility requirements for registration into our Birth to 3 Childcare Tuition Program require that each adult applying for this program provide evidence of employment. The information provided by the employer should include the following information: employment date, employee name, employer contact information, weekly hours worked, and rate of pay. Please use the form attached to provide this information and contact me if you have any questions.

Thank you for your cooperation,

Kimberly Vincent

Birth-3 Facilitator

kimberly.vincent@vpsb.net

Employee release:

I, _____, give my permission for my employer to release the information stated in the above letter to the Vermilion Parish Early Childhood Network and its network partners. I understand that this information will only be used to determine eligibility for childcare programs and may revoke my consent in writing at any time.

Employee Name (Printed): _____

Employee Name (Signed): _____

Date: _____



Vermilion Parish Early Childhood Network Birth-3 Work Verification Form

Employee's Name	
Employment Start Date	
Employer Name	
Employer Address	
Employer Phone Number	
Employee Gross Rate of Pay <i>(Rate of pay BEFORE any deductions. Ex: \$8/hour; \$600/week; \$1,200/month; \$24,000/year)</i>	
Hours Worked <i>(Ex: 20 hours/week; 80 hours every 2 weeks; 80 hours/month)</i>	
Who may we contact to verify employment?	Name: _____ Title/Role: _____ Phone Number: _____ Email Address: _____

I understand that by completing this form I am agreeing to be contacted by a Vermilion Parish Early Childhood Network representative to verify employment. By signing below, I certify this information is true and accurate to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

VPECN Office Use ONLY

Verification Date: _____

Verified By: _____

Comments:
