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| Student Name: NYC ID#:  Provider Name: 4410 SEIT Provider: NYC Preschool Code:  Frequency: Duration: Group Size: Language: Location: |

*Directions: Fill out one form per week. The relevant signature must attest to sessions occurring during the preceding week.*

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| Date: Start Time: End Time: If make-up, date of missed session:  Type (Direct/Indirect): Location: Group Size: |
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| Date: Start Time: End Time: If make-up, date of missed session:  Type (Direct/Indirect): Location: Group Size: |
| Total Sessions: |

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| I hereby certify that I have provided SEIT services on the dates for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the Department of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.    Signature of Provider Date    Print Provider Name Date | By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred in the child care location were provided as indicated.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Child Care Location Phone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name of Director/Designee Title  Of Child Care Location  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Director/Designee Date of Child Care Location | By my signature I acknowledge that I have reviewed this SEIT services form and that, to the best of my knowledge, the sessions identified above as having occurred at a site other than the child care location were provided as indicated.    Signature of Parent Date    Print Parent Name |

*Revised 2/22/2017*