deaeyc

Delaware Association for the Education of Young Children

Pre-Authorization Request

Semester: (circle one) Spring Summer 1 Fall Year _____

Recipient's Name _____ Date _____

College/University: _____

Center Name _____ Director's Signature _____

Intended Method of Payment: (circle one)
Recipient Child Care Facility T.E.A.C.H. Other Financial Aid/Grants (i.e. PELL Grant)

Course Prefix	*Course* ***Number***	*Course Name or Title*	*Course* Credit **Hours**

***This form is to be returned to T.E.A.C.H. Early Childhood® Delaware after reviewing course selection with supervisor. T.E.A.C.H. may not grant all requests for course registration based on funding, prior coursework, and/or total credits taken.**

Mail to: T.E.A.C.H.
2004 Foulk Rd, Suite 6
Wilmington, DE 19810

or Fax to: (302) 475 – 5300

***Do Not turn this form into your college.**

T.E.A.C.H. Early Childhood® DELAWARE
A Project of Delaware Association for the Education of Young Children

2004 Foulk Rd
Suite 6
Wilmington, De 19810
(302) 764-1501
www.daeyc.org