



CCAP EDUCATION PLAN

616 America Ave N.W. Suite 220 Bemidji, MN

56601-3802 Phone: 218-333-8200 | Fax: 218-333-4150

Participant's Name: _____

Date: _____

Address: _____

Case Number: _____

Telephone Number: _____

Where are you attending school? _____

Enrolled Program: Undergraduate Graduate Continuing Education High School or Equivalency

What is your course of study? (major/minor) _____

Will this result in a degree, certificate, or another credential? _____

Credits Earned: _____ Credits Remaining: _____ Total credits needed: _____

Anticipated Graduation Date: _____

What are your plans to complete this course of study? Will you be attending full time, part time, and/or summer school?

It is a requirement of the Child Care Assistance Program:

- a) That you be enrolled in an education or training plan that will reasonably lead to full time employment and that you notify the County immediately;
- b) That you remain in good standing and make satisfactory progress towards completion of the education/training program;
- c) That you provide credits, grades and class schedules at the end of each quarter/semester from the education institutions;
- d) That you maintain good attendance.

If Beltrami County determines that you are not making satisfactory progress towards completion of an education/training plan, the County will notify you and discontinue childcare. Please submit this form to our office by

_____ or your application may not be approved.

For any questions, please call (218) 333-8300 to speak with your Child Care worker.

Participant's Signature

Date



"This Institution is an Equal Opportunity Employer"

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