

# DCF Child Care Training Office

## Receipt Information

Receipt Print Date: 25-Apr-2025

**Name:** Edaylin Ramirez

**Student ID:** 484704

The following receipt information is provided for your records. This receipt indicates payment for the following course.

### **Class Information**

*Package Name:* Special Needs Appropriate Practices

*Date Applied:*

*Course/Reference:* 397285 Homestead Total Fee for Modules Selected from this package: \$ 39.00

*Payment Made:* \$39.00

*Payment Type:*

*Purchase Date:*

*Module Name:* Special Needs Appropriate Practices (SNP) Module Fee is part of the Package price.

### **Training Provider Information**

Name: Miami Dade College

Address: Child Care Training  
11011 SW 104 Street Room 6219  
Miami, FL 33176

Phone Number: (305) 237-2678

### **Location Information**

*Location:* MDC, Homestead  
500 College Terrace  
Homestead, FL 33030

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