



Childcare Verification for Private Providers

The following must be completed by the childcare provider:

I, _____, am a **private provider** and I provide care in my home.
(Name of childcare provider)

My address is _____

(City) (State) (ZIP)

My contact number is _____. My cell number is _____.

I provide care for the following child (ren) on the following days **before** school:

Monday Tuesday Wednesday Thursday Friday (check all that apply)

The hours I provide care **before** school are from _____ to _____.
(Hours of Day)

I provide care for the following child (ren) on the following days **after** school:

Monday Tuesday Wednesday Thursday Friday (check all that apply)

I provide care **after** school from _____ to _____.
(Hours of Day)

Name of Child (ren)

	First	MI	Last	DOB	Grade
1.	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

(Childcare Provider Signature) (Date)

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary's Signature

My Commission Expires