

CHILD CARE VERIFICATION

APPLICANT NAME: _____

I am the Custodial Party Noncustodial Parent

APPLICANT: Give your child care provider this form to complete. Attach any receipts or copies of canceled checks for child care that you may have.

CHILD CARE PROVIDER: Complete the appropriate section(s) for the children of the above named applicant for whom you provide child care.

SECTION I: INFANT & PRE-SCHOOL CHILDREN

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Child Care Provider) Date: _____

SECTION II: SCHOOL-AGE CHILDREN

A. For child care provided during regular school sessions:

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Child Care Provider) Date: _____

CONTINUED ON REVERSE

SECTION II: SCHOOL-AGE CHILDREN continued

B. For summer/vacation care for school-age children, attach receipts or canceled checks. Include these amounts in the information specified below.

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____ Amount \$ _____ (Circle One) per week/month/day

Child _____ Amount \$ _____ per week/month/day

Child _____ Amount \$ _____ per week/month/day

Child _____ Amount \$ _____ per week/month/day

Total: \$ _____ per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Child Care Provider) Date: _____