

# 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: \_\_\_\_\_