

Date: _____

Requested School: _____

I, _____ will provide child care for _____
Printed Name of Childcare Provider *Student(s) Name*

for the current school year _____.

Childcare provider must live within the requested school boundaries

Childcare Provider Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

What services will the Childcare provider give? _____

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

Child Care Provider Signature

Parent/Guardian Signature

Notary Signature