



## Child Care Verification

**Applicant:** Your child care provider will need to complete this form and return to you. Attach the completed verification form to the reassignment application before submitting to the Enrollment Office. Child care address verification must be attached (copy of driver’s license, utility bills, enrollment forms, etc.)  
*Reassignment applications will not be processed for child care reasons without this form.*

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of company/individual providing child care:** \_\_\_\_\_

**Child care provider address:** \_\_\_\_\_

*Remember to attach address verification*

**Home phone number:** \_\_\_\_\_ **Business phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>Name of child(ren):</b>	<b>Date of enrollment:</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Affirmation by Child Care Provider**

I affirm and attest, that the above information is true and accurate and that I acknowledge this information is subject to review by the Rowan-Salisbury Schools’ Board of Education.

Signature of Child Care Provider	Employment Position
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Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires	Notary Public
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