



Childcare Verification Form

This document certifies that I, _____, pay the below listed person to provide childcare for my child(ren) who is in his/her care from _____ am/pm to _____ am/pm:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Address: _____ Phone: _____

Signature: _____ Date: _____

*****To Be Completed by Childcare Provider Only*****

Please list the dollar amount you are paid to provide childcare for the child(ren) listed above.

Weekly: _____ Bi-Weekly: _____ Monthly: _____

Childcare provider: _____ Phone: _____

Social Security Number: _____ - _____ - _____ or FED.ID#: _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____