

Yelm Community Schools

CHILD CARE VERIFICATION FORM

SECTION I - To Be Completed by Parent/Guardian		
STUDENT NAME:	BIRTH DATE:	GRADE (in requested school year):
ADDRESS:	CITY:	ZIP:
PARENT/GUARDIAN NAME:	PHONE:	EMAIL:
RESIDENT SCHOOL:	REQUESTED SCHOOL - BASED ON CHILD CARE ADDRESS:	

VERIFICATION OF INFORMATION BY PARENT/GUARDIAN: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Yelm Community Schools.

Parent/Guardian Signature _____

Date _____

SECTION II - To Be Completed by Child Care Provider		
PROVIDER NAME:	CHILD CARE BUSINESS NAME (if applicable):	
ADDRESS:	CITY, STATE ZIP:	PHONE:

VERIFICATION OF CHILD CARE PROVIDER: I hereby verify that the student named above is registered for or will attend before and/or after school child care at my home or business for the 2021-2022 school year.

Child Care Provider Signature _____

Date _____