**Non-Licensed/Certified Childcare Verification Form**

This form is to collect basic information about the individual providing care for your child. Please note, once completed you will need to have it notarized prior to submitting it. Do not sign it until in the presence of the Notary.

Student Name: Student ID#:

Name of Childcare Provider:

Provider’s Phone Number:

Provider’s Email Address:

|  |  |  |
| --- | --- | --- |
| Family Member | Neighbor | Friend |
| In Home Care/ Nanny | | Other |

Relationship to Provider:

|  |  |  |  |
| --- | --- | --- | --- |
| per | Day | Week | Month |

Childcare Cost: $

The undersigned hereby swears the information provided in this document to be truthful. I understand that any false or misleading information will jeopardize me right to continue in the university.

|  |  |
| --- | --- |
| State of Wisconsin, County of \_\_\_\_\_\_\_\_\_\_\_  The document was signed before me on \_\_\_\_\_\_\_\_\_\_  By (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public  My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Student |