

Early Learning Coalition



of Pinellas County, Inc.

Relative/Non-Relative Affidavit

Parent/Guardian _____ SS# _____
Child Name _____ SS# _____
Child Name _____ SS# _____
Child Name _____ SS# _____
Provider Name _____ SS# _____

I am related to the child(ren) by blood or marriage. Please explain family Relationship between Child(ren) and Provider: _____

Childcare will be provided at the following address: _____

I am not related to the child(ren). I understand that according ELC Funders, I will be providing care in the child(ren's) home.

Childcare will be provided at the following address: _____

I affirm that the information contained in this document is true and accurate. If any of the information is false or misleading, I understand that I will be responsible for repayment of any childcare monies paid that did not comply with the guidelines set forth by ELC Funders.

In order to ensure timely reimbursement, a Notary Public must endorse the signature of the parent and the provider. Documents that do not have both signatures notarized will be returned and result in a payment delay.

Signature of Parent/Guardian Date

Sworn to and subscribed before me this
_____ day of _____, 20

Notary Public

My Commission Expires

Identification Number

Type of Identification Provided

Signature of Provider Date

Sworn to and subscribed before me this
_____ day of _____, 20

Notary Public

My Commission Expires

Identification Number

Type of Identification Provided