



Email completed form to childcareinfo@dc37.net | Questions? Call (212) 815-1100

AFFIDAVIT FOR CHILDCARE SERVICES FROM UNLICENSED PROVIDER OR RELATIVE

This Portion to be Completed and Signed by Provider of Childcare Services

I _____, an unlicensed childcare service provider or relative of _____, a covered beneficiary of DC 37 Child Care Trust Fund ("the Fund"), provided childcare services to _____, the dependent child(ren) of the covered beneficiary on the following dates:

In consideration for such services, the covered beneficiary paid me the sum of \$_____ as evidenced by the attached paid receipt, invoice or other appropriate proof of payment. I am neither the parent of the dependent child nor a dependent of the covered beneficiary.

I affirm that the information entered on this form is true and accurate and hereby agree to indemnify and make whole the DC 37 Child Care Trust Fund, its successors and/or assigns against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund.

Signature of Provider:

Date:

This Portion to be Completed and Signed by Covered Beneficiary*

I _____, a covered beneficiary of the DC 37 Child Care Trust Fund ("the Fund") retained _____, an unlicensed provider of childcare services or relative, to provide childcare to my dependent child(ren) on the following dates: _____

In consideration for such services, I paid said unlicensed provider or relative the sum of \$_____, as evidenced by the attached paid receipt, invoice or other appropriate proof of payment.

If your child is not already enrolled as a dependent in DC 37 Health & Security, please include birth certificate.

I affirm that the information entered on this form is true and accurate and hereby agree to indemnify and make whole the DC 37 Child Care Trust Fund, its successors and/or assigns against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund.

Signature of Covered Beneficiary:

Date:

Mailing Address:

Title:

Local:

Sworn to before me this _____ day of _____, 20_____. Notary Public _____

***Signature Must Be Notarized**