



10601 Belcher Road S.
Largo, FL 33777

Telephone (727) 547-5700
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E-mail: Info@childcarepinellas.org
Website: www.childcarepinellas.org



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). Please explain Family Relationship between Child (ren) and Provider: _____

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

Please advise CCC of the address where the childcare will be provided. _____

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 CCC 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

Signature of Provider Date

Sworn to and subscribed before me this
_____ day of _____, 200 .

Sworn to and subscribed before me this
_____ day of _____, 200 .

Notary Public

Notary Public

My Commission Expires

My Commission Expires

Identification Number

Identification Number

Type of Identification Provided

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