



UNIVERSITY of WISCONSIN
GREEN BAY

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 until in the presence of the Notary.**

Student Name: _____ Student ID#: _____

Name of Childcare Provider: _____

Provider's Phone Number: _____

Provider's Email Address: _____

Relationship to Provider:

Childcare Cost: \$ _____ per

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.

<p>State of Wisconsin, County of _____</p> <p>The document was signed before me on _____</p> <p>By (student name) _____</p> <p>_____ Notary Public</p> <p>My Commission Expires _____</p>	<p>_____ Signature of Student</p>
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GREEN BAY | MARINETTE | MANITOWOC | SHEBOYGAN