

STATE OF ILLINOIS)
)
COUNTY OF _____)

AFFIDAVIT OF DAYCARE

To be completed by parent, foster parent, or guardian

I, _____ having first been sworn upon my oath, hereby depose and state as follows:

That I am the parent, foster parent, guardian, or _____ of
(Other)
_____, date of birth _____, and that (his/her) residence is:
(Name of Child)
_____.

City (Village) of _____, Cook County, Illinois, which is located within the territorial boundaries of Community Consolidated School District No. 15, Cook County, Illinois (the "District"), and that the child's residence at the above address has not been established solely for the purposes of accessing the educational programs of the District.

I swear that said child's daycare provider is located within the territorial boundaries of the District, and that said daycare provider has not been selected or established solely for the purpose of enrolling the child at an attendance center other than the attendance center that the child would attend based upon the child's place of residence. The facts above are sworn to in order to permit the child to enroll in an attendance center based upon the daycare provider's place of business.

I hereby swear that the information I have given is true and correct and I understand that I may be subject to criminal prosecution for perjury if I have knowingly provided false information.

I acknowledge that if the child is found to be enrolled fraudulently, I understand and agree that the child will be immediately transferred from the then current attendance center to the attendance center that the child would attend based upon the child's place of residence. I agree to notify the District immediately of any changes to the daycare arrangements for our child.

FURTHER AFFIANT SAYETH NOT.

Signature Address

The foregoing was sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public