

## CHILD CARE AFFIDAVIT

To be completed by the parent and the individual or director/lead teacher of the childcare facility.

**Both parties' signatures must be notarized.**

STATE OF SOUTH CAROLINA

County of Richland

PERSONALLY appeared before me \_\_\_\_\_  
(Parent's Name)

swears that the following child(ren):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

are in the care of \_\_\_\_\_  
(Name of childcare provider or facility)

located at \_\_\_\_\_  
Address

immediately before and/or after school.

I will be responsible for immediately reporting to the school(s) involved when a change occurs.

\_\_\_\_\_  
(Parent/Legal Guardian signature)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Notary Public of SC) My commission expires: \_\_\_\_\_

I, \_\_\_\_\_ do swear that the student(s) named above  
(PRINT - Name of childcare provider or facility)

are in my care between the A.M. hours of \_\_\_\_\_ and \_\_\_\_\_  
and/or the P.M. hours of \_\_\_\_\_ and \_\_\_\_\_

I will be responsible for immediately reporting to the school(s) involved when a change occurs.

\_\_\_\_\_  
(SIGNATURE - Childcare provider or facility) \_\_\_\_\_  
(PRINTED NAME - Childcare provider or facility)

\_\_\_\_\_  
Relationship, if individual or title if from a facility

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Notary Public of SC) My commission expires: \_\_\_\_\_