STATEMENT OF RELATIONSHIP OF PROVIDER AND CHILD

Case Name: _______________________________  Case#: _______________________________

This form must be completed for a child(ren) being cared for by a license-exempt relative provider. Verification is required when enrolling two or more families with a license-exempt relative provider.

I, _____________________________________________ will be providing care for:

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>FATHER'S NAME</th>
<th>MOTHER'S NAME</th>
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I declare that I am the child(ren)’s ___________________________________________________________.

(RELATIONSHIP TO THE CHILD)

List persons in relation to the child for whom care will/is being provided. Include yourself and the parent you are related to in the boxes. Fill in all the relatives that link you and the child (include maiden as well as married names.)

I declare under the penalty of forgery and perjury that the above information is correct.

____________________________________________  ______________________________________________
(RELATIVE PROVIDER’S SIGNATURE)    (DATE)

____________________________________________  ______________________________________________
(PARENT SIGNATURE)    (DATE)

YMCA ONLY
Relationship Confirmed
By: ______________________________
Date: ______________________________