



SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Sleepy Hollow Preschool 2017-18

This form is due every year for each co-oping adult.

Please Print Clearly

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Sleepy Hollow Preschool	6531 Columbia Pike	Annandale	VA	22003
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

NOTE THAT STATE LAW REQUIRES SHPS TO SUBMIT TO THIS/THESE ADDITIONAL STATES FOR A CHILD ABUSE & NEGLECT RECORD SEARCH (AS WELL AS IN VIRGINIA). THE SHPS OFFICE WILL CONTACT YOU WITH FURTHER DETAILS.

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date