



**CHILD CARE SERVICES
SELF- ATTESTATION OF SCHOOL ATTENDANCE**

To Parent: Please complete this form and return to Child Care Services.

Please do not forward to your child's school or Head Start

To parent/guardian: Please complete the information below for children who require child care services and will start Pre-K, Kindergarten or Head Start this year.

Case name/Name of parent:	TWIST ID:
Address:	

#1) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of school: _____ **Date child will start or started school:** _____
 School Address/Telephone number: _____
 Hours child is in school (Ex: M-F, 8a-4p): _____

#2) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of school: _____ **Date child will start or started school:** _____
 School Address/Telephone number: _____
 Hours child is in school (Ex: M-F, 8a-4p): _____

#3) Name of Child: _____ Date of Birth : _____ Grade: _____
 Name of School: _____ **Date child will start or started school:** _____
 School Address/Telephone Number: _____
 Hours child is in school (Ex: M-F, 8a-5p): _____

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws; (2) services will be provided without regard to sex, race, creed, color, national origin, or disability.

Parent Signature: _____ Date: _____

Parent Print Name: _____



EQUAL OPPORTUNITY IS THE LAW

Lower Rio Grande Valley Workforce Development Board dba Workforce Solutions is an equal opportunity employer/program and auxiliary aids and services are available upon request to include individuals with disabilities. TTY/TDD via RELAY Texas service at 711 or (TDD) 1-800-735-2989/1-800-735-2988 (voice).