



## 2017/2018 IDENTITY VERIFICATION FORM

### Health and Safety

Due to state licensing requirements, parents must provide the following information:

Please list the names of any day care programs, schools or other day care provisions that your child has attended since birth.

**School or Day Care Name**

**Location**

_____	_____
_____	_____
_____	_____
_____	_____

A CPI staff or board member **must view** proof of your child's age and identity. This proof of identity may include a certified copy of the child's birth certificate or birth registration card.

**DO NOT SEND THIS FORM IN WITH YOUR APPLICATION. Please bring this form with appropriate proof of age and identity to the school for completion.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

### SIGNATURES

\_\_\_\_\_  
Parent/Guardian (please print & sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPI staff / board member signature

\_\_\_\_\_  
Date

**Your child will not be registered if you do not submit this form and show your child's birth certificate.**