

**GASTON COUNTY SCHOOLS  
DAY CARE AFFIDAVIT**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested School: \_\_\_\_\_

**A. Employment Status of Parents:**

The undersigned, being duly sworn, deposes and says:

Status of employment of each parent, guardian or person standing in loco parentis:

Parent Name	Employer	Hours of Employment
_____	_____	_____
_____	_____	_____

The undersigned agrees to notify the school within 48 hours of any change in employment or in the person or institution caring for the student.

\_\_\_\_\_  
Signature of Parent, Legal Guardian Date

\_\_\_\_\_  
Complete Address (including zip code)

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**B. Institution of Person Responsible Before and/or After School Hours**

The undersigned, being duly sworn, deposes and says that:

The above named student was placed in your care on \_\_\_\_\_, 20\_\_\_\_

Said student is enrolled with the undersigned at these hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Please check one: Child Care Center \_\_\_\_\_ Nursery \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

If the student is withdrawn, the undersigned agrees to notify the school within 48 hours.

\_\_\_\_\_  
Authorized Signature of Person or Institution Responsible Date

\_\_\_\_\_  
Complete Address (including zip code)

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

