EARLY LEARNING COALITION
OF POLK COUNTY

FORM 120
In Loco Parentis

***Note:** This form is to be completed by the responsible adult with whom the child lives, who is responsible for the day-to-day care and custody of the child when the child's parent by blood, marriage, adoption, or court order is not performing such duties. Each applicant must meet the definition of parent in Rule 6M-4.200(1), FAC, and submit a government-issued ID and documentation of guardianshipv verifying the relationship of the child. At least **one** of the following supporting documents to verify the parental relationship—

- A copy of the child's birth certificate, which includes the parent's name or maiden name, if applicable.
- A court order or other legal documentation that substantiates the adult's relationship to the child(ren).
- A valid DCF or Workforce referral that includes the child's and parent's names.
- Documentation the applicant is in receipt of RCG payment or TANF benefits on behalf of the child.
- A notarized statement from the child's parent listing the person designated as responsible for care of the child.
- Official public or non-public school records.
- A notarized statement from a medical professional.

Adult Responsible for Care is responsible for children:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Begin care:_____ End Care:_____

Signature must be completed in the presence of a notary:

I am fully aware that if my income (including child support), address, phone number, or any other information pertaining to my case changes, I have 14 days to notify Early Learning Coalition of Polk County. If I fail to do so, child care services may be terminated.

I understand that if I knowingly give wrong information or fail to update any of the above listed information, I may be liable for prosecution under Florida Statute 414.39, Public Assistance Fraud.

Adult Responsible for Care Signature _____

STATE OF FLORIDA - COUNTY OF POLK
Affidavit of Witness to Signature/Identification

STATE OF FLORIDA

COUNTY OF_____

The foregoing instrument was acknowledged before me this_____day

of 20___by_____

(name of person acknowledging.)

Personally known:_____

OR Produced Identification:_____

Type of Identification Produced:_____

_____
Signature of Notary Public

Print, Type/Stamp Name of Notary