EARLY LEARNING COALITION
OF POLK COUNTY

FORM 125
Notarized Statement

Date:_____

Name:_____

Statement:_____

_____

_____

_____

_____

_____

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.

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