CHILDREN'S HOME SOCIETY OF CALIFORNIA

DECLARATION

Parent Name (Please Print):		
	ect. I understand that a willful statement of false	
	state subsidized child care services is considered	
	I certify, under penalty of perjury, that the above	
information is accurate.		
Signature	Date	
Signature	Date	
R CHS OFFICE USE ONLY:	☐ Primary Parent ☐ Secondary Pa	
ified By (Name/ Title):	· · · · · · · · · · · · · · · · · · ·	
fied with:		
es:		
f Signature:		