

CRIMINAL CONVICTION DISCLOSURES

Return this form to the sponsoring organization along with your application for registration. This information will be kept confidential.

Provider applicant's name: _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Please have your **SUBSTITUTE** complete this section:

Substitute provider's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Please have your **ASSISTANT** complete this section:

Assistant provider's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Please have your **ALTERNATE** complete this section:

Alternate provider's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Please have your **all members of your household who are at least 14 years old or older** complete this section (attach additional sheets if needed):

Household member's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Household member's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Household member's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Household member's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____

Household member's name _____

Have you ever been convicted of a crime? (Y or N) _____

If yes, please explain: _____

Signature _____ Date _____