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:		
	D 1	
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	
Signature		
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	
<u></u>		
Please have your <u>ALTERNATE</u> complete this section:		
Alternate provider's name		
Have you ever been convicted of a crime? (Y or N) If yes, please explain:		
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Signature	Date	

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Please have your <u>all members of your household who are at least 14 years old or older</u> 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	
Signature		
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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:		
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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:		
0.	5 1	
Signature	Date	