



# CCDF Authorized Sign-In Representative Form

*\*\*For use during COVID-19\*\**



## PARENT/GUARDIAN ONLY:

I, \_\_\_\_\_ (parent/guardian name) , authorize \_\_\_\_\_ (director/teacher name) at \_\_\_\_\_ (facility name) to act as an authorized representative on my behalf to sign my child(ren) listed below in and out of the facility during the COVID 19 pandemic to limit the potential spread. List all authorized children below (add additional page if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I declare under the penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times authorized. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## FACILITY ONLY:

I, \_\_\_\_\_ (director/teacher) at \_\_\_\_\_ (facility name/number), declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times authorized. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud. The original of this authorization must be kept present with attendance records for each child receiving services during the COVID 19 pandemic.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Director/Teacher Signature

\_\_\_\_\_  
Date