

## **Childcare Provider Notarized Letter Grades K-5 Only**

- ❖ This document is to be used only for Liberty Public Schools "intra-district" Transfer Requests which are submitted based on "child-care" and must accompany the Transfer Request form.

  \* Important: The Student and Childcare provider must live within Liberty Public School District boundaries.
- 1. Please type your responses in the fields; if you choose to print the document and write your responses it must be legible
- 2. After you complete the responses in Part 1 please print the form and follow the directions for Part 2

<u>Part 1</u>								
Date	Parent /Legal Guardian Name							
Childcare Provider name (fin	rst/last)							
Childcare Provider Street A	ddress, City & Zip							
Childcare Provider Telephor	ne #							
The Childcare Provider cares for the student(s)		Morning o	fternoon o	noon only Both Al				
Care is Provided on the following	llowing weekdays	Mon - Fri	OR	М	Т	W	Th F	
After you have completed the  Part 2	information in <u>Part 1</u> please	e click the "Pi	rint Form" =====	button	=====	====:	===	
<ul> <li>The Childcare provider ackn</li> <li>The Childcare provider reside</li> <li>The Childcare provider is cur</li> <li>Childcare Transportation: Studistance</li> </ul>	es in the Liberty Public School rently providing Childcare ser	District bound	daries tudent(s) li	sted on this	s form	C	ing	
*Commercial Day Care Providers in attesting to accuracy of the informat	n lieu of notarization you may att	ach a signed let			cument, o	n letterh	ead,	
,	Notarization Section	on						
State of Missouri C	ounty of							
On this day of i, knowledged that he/she/they exhand and official seal.	n the year, before me, the own to me to be the person(s) xecuted the same for the purp	e undersigned whose name(soses therein co	notary pub s) is/are sub ontained. I	olic, person oscribed to n witness w	ally appe the withi whereof, I	ared n instru hereun	ment and to set my	

**Notary Public** 02/01/2025