

Loan # _____

This is to certify that _____
(Individual or Day Care Center)

takes care of the child/children of _____

for a total of \$ _____ ** per week for approximately _____ weeks per
year.

**If paid on a monthly basis: \$ _____ per month for _____ months per year.

REMARKS:

Signature of Caretaker_____
Date Signed_____
Address_____
Phone Number_____
City, State, Zip Code