

Washtenaw ISD Preschool Programs Application Signature Form

Participant's Name:	Date of Birth:
Parent/Guardian Name:	
Application Signatures	
Parent Signature	
I hereby certify that, to the best of my knowledge, this is a tincome information for my family. I have made all reasonab verify the information provided. I understand that falsification of state and federal laws and will be reported and the application.	ole efforts to provide accurate documentation to on or misrepresentation of any income is a violation
Parent Signature	Date
Staff Signature	
The demographic and income information entered here is to reasonable efforts to record and verify the information provinformation entered was provided to me by the Parent/Gual understand that falsification or misrepresentation of any in and will be reported. I also understand that I may be terminated.	vided to me. I verify that all demographic and income ardian during in-person/phone/video communication. ncome by me is a violation of state and federal law
Staff Signature	Date

