

Our Mission is to provide access to quality child care and early education in Sonoma County through advocacy, direct service, and empowerment.

SELF-EMPLOYMENT DECLARATION

l,	, declare that	l am a self-emր	oloyed		·
Parent Name		Type of Job			
I have been self-employed since	Start Date of Self-en	• nployment			
Business Name, Address, Phone Number					
As applicable, a copy of a busine. EIN #'s, or other documents shall		•	•	•	ement, business cards
,			, ,		
1. Does this work preclude you	ability to care f	or your childre	n while you a	re working?	☐ No ☐ Yes
2. Are you working from your h	ome? 🗌 No	Yes (if yes, co	omplete Docume	ntation of Emplo	yment in the Home form)
3. The days and hours my busir	iess operates ar	e as follows:			
Please specify days			xample: Mon	day 8:30am	– 5:30pm.)
SUNDAY MONDAY	' TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
To demonstrate the days and hour appointment logs, client receipts, j					
appointment logs, them receipts, j	ob logs, Illileage	iogs, a list of cir	erits With Corita	act IIIIOITTIatiO	ri, or sirillar records."
4. Employment Description:					
					·
5. How income is collected:					·
5. How income is collected:6. I declare under penalty of perjury that my average gross monthly earnings are \$*					
Independent verification must be parent that may be obtained by a	-	•			
the parent's advertisements or w	ebsite. If the in	come cannot b	e independer	ntly verified, 4	Cs shall assess
whether the reported income is	reasonable or co	onsistent with เ	the communit	y practice for	this employment. *
I declare under penalty of perj	ury that the in	formation pro	vided is accu	rate to the b	best of my
knowledge. I understand that documentation. I authorize the				-	
documentation. I authorize the	e reiease or iiii	ormation to 4	cs iii oraer ta	verily uays	and nours worked.
Parent/Guardian Signature:		Date:			
* =Denotes supporting docume	entation must k	be attached.			