

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**

**Relationship Affidavit and No Compensation Affidavit Instructions**

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**Instructions for completing the Relationship Status Affidavit**

- This form is for children who are in care and are related to the provider, and for whom the provider is receiving payment of any kind for caring for the child(ren).
- Children must be related to the provider/caregiver by either blood or marriage and be one of the relationships listed by check boxes. Please select the appropriate check box.
- Providers should maintain the form in the child's file.
- **Please use a blue or black pen, press firmly, and PRINT legibly.**

**Parents or Guardians will complete the following:**

1. Write the provider's first and last name (i.e. Jane Doe) on the first blank line.
  2. Choose the days of the week that the child attends the family child care learning home by placing an X in the appropriate box(es). You may either choose the box for Monday through Friday or check individual days.
  3. Times of service should be recorded on the next two blank lines. (i.e. 7:00 am to 4:30 pm)
  4. Write the provider's first and last name and then choose the box that indicates the relationship of the provider and your child.
  5. Complete parent/guardian information. Include all requested information.
  6. Complete child's information.
  7. Sign and date the form in the presence of a notary public.
  8. The notary public will complete the final section of the form.
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**Instructions for completing the No Compensation for Child Care Affidavit**

- This form is for children who are in care and the provider **does not** receive compensation or payment of any kind. Examples include, but are not limited to; money, food, equipment, in-kind or bartered services.
- Children can be related or not related to the provider/caregiver.
- Providers should maintain the form in the child's file.
- **Please use a blue or black pen, press firmly, and PRINT legibly.**

**Parents or Guardians will complete the following:**

1. Write the provider's first and last name (i.e. Jane Doe) on the first blank line.
2. Choose the days of the week that the child attends the family care learning home by placing an X in the appropriate box(es). You may either choose the box for Monday through Friday or check individual days.
3. Times of service should be recorded on the next two blank lines. (i.e. 7:00 am to 4:30 pm)
4. Write the provider's first and last name should be entered and then choose the box that indicates the relationship of the provider and your child.
5. Complete parent/guardian information. Include all requested information.
6. Complete child's information.
7. Complete the related section (near the bottom of the form), if the child is related to the provider. The child should be related by blood or marriage. Place an X in the appropriate relationship status check box.
8. Sign and date the form in the presence of a notary public.
9. The notary public will complete the final section of the form.

**\*Please note that only ONE section/side of the form should be completed.**



BRIGHT FROM THE START: Georgia Department of Early Care and Learning  
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### Relationship Affidavit

*This form is for children who are in care and are related to the provider.*

**290-2-3-.08(12)** Documentation of family relationships for related children, other than the Provider's own children, cared for in the Home shall be maintained and shall include a notarized statement by the related child's Parent(s) attesting to the relationship.

I do hereby attest that \_\_\_\_\_  
 Provider's Name

is providing child care services for my child/children listed below

on  M-F or check all that apply:  Mon  Tue  Wed  Thu  
 Fri  Sat  Sun

from \_\_\_\_\_ to \_\_\_\_\_ and  
 Times care is provided

that \_\_\_\_\_ is my  
 Provider's Name

child's/children's:

Grandparent  Aunt/Uncle  First cousin  Brother/Sister

(Includes blood relationships and relationships by marriage, such as step-brother, step-sister, etc.)

#### Parent/Guardian Information:

Name (printed)	
Address	
Home/Cell Phone	

#### Child Information:

1. Name	
Date of Birth	
2. Name	
Date of Birth	

\_\_\_\_\_  
 Parent/Guardian Signature Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_  
 (Must have seal or stamp)

### No Compensation for Child Care Affidavit

*This form is for children who are in care and the provider **does not** receive payment of any kind.*

**290-2-3-.08(13)** Documentation of the non-pay status of related or unrelated children in care for whom no pay is received shall be maintained and shall include a notarized statement by such child's Parent(s) attesting to the non-pay status.

I do hereby attest that \_\_\_\_\_  
 Provider's Name

is providing child care services for my child/children listed below

on  M-F or check all that apply:  Mon  Tue  Wed  Thu  
 Fri  Sat  Sun

from \_\_\_\_\_ to \_\_\_\_\_  
 Times care is provided

and that \_\_\_\_\_ receives no  
 Provider's name

compensation or payment of any kind, such as, but not limited to food, equipment, in-kind or barter services or money for these services.

#### Parent/Guardian Information:

Name (printed)	
Social Security Number	
Address	
Home/Cell Phone	

#### Child Information:

1. Name	
Date of Birth	
2. Name	
Date of Birth	

(Note: The above information may be verified with the U.S. Department of the Treasury/Internal Revenue Service.)

#### Complete this section only for related children in care for no pay:

Further, I attest that the provider named above is my child's/children's:

Grandparent  Aunt/Uncle  First cousin  Brother/Sister

(Includes blood relationships and relationships by marriage, such as step-brother, step-sister, etc.)

\_\_\_\_\_  
 Parent/Guardian Signature Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_  
 (Must have seal or stamp)