CHILD IDENTITY AND AGE VERIFICATION

(Parents to complete top portion)

Date _____

Name of Child _____
Last First Middle

Date of Birth _____

Father (or Legal Guardian) _____

Mother (or Legal Guardian) _____

Previous Child Day Care Programs and Schools Attended _____

Parent to provide DOCUMENT OF PROOF to be viewed by GSP. We will not keep or copy the document:

Proof of the child's identity and age may include: a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), or a copy of the entrustment agreement conferring temporary
legal custody of a child to an independent foster parent.

(Office to complete bottom portion)

Name:	Birth Date:
Birth Certificate Number:	Date Issued:

Proof of Age other than Birth Certificate:

Date Document Viewed:	Person Viewing Document:
Document Number:	Issue Date:
Type of Document: _____ Birth Registration Card _____ Hospital, physician, or midwife record _____ Passport _____ Placement agreement _____ Virginia DMV child identification card	