Fresno Unified School District
EARLY LEARNING

School/Site Name

Student First Name and Last Name

DECLARATION OF SELF-EMPLOYMENT/INCOME

In order to provide childcare services for a self-employed person, we are required to verify the work activities and income. Please complete this form and attach supporting documentation to help us determine your eligibility:

Parent/Guardian First and Last Name (Print) _____ Business Phone Number _____

Business Name _____ Date Business Opened _____ Business Fax Number _____

Business Street Address _____ City _____ Zip Code _____

Type of Business (Describe your business. Example: Beautician, House Cleaning, Landscape, Real Estate etc.…) _____

Specify your work schedule:

☐ **SET SCHEDULE** – I work the same schedule every week. Specify schedule for each day (Example: Mon 8am-5pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

☐ **FLUCTUATING SCHEDULE** – I work on a regular basis, but my days/hour vary. Specify work schedule

Possible days you may work (Circle all that apply): M T W Th F Sa Su

Earliest work start time: _____ (Exp. 6:00am) Latest work end time: _____ (Exp. 6:00pm)

Minimum number of hours worked per day: _____ (Exp. 4 hours) Maximum number of hours worked per day: _____ (Exp. 8 hours)

☐ **VARIABLE SCHEDULE** - I work occasionally on an as needed basis.

Specify your income information. Describe how you get paid.

_____

(Example: Per Job. $50 per house; 10% per sale)

Attach documentation to verify your business activity and income. (Attach all that apply):

☐	Business License	☐	Receipts for Expenses	☐	Professional License
☐	Advertising Materials	☐	Tax Return	☐	Quarterly Tax Statement
☐	Rental/Lease Agreement	☐	Appointment Log	☐	Receipts for Service/Product
☐	Business Card	☐	Invoice for Service/Product	☐	Business Profit/Loss Statement

I declare under penalty of perjury, that the information regarding my self-employment is true and correct. I understand to increase days or hours between certification periods, documentation of need to support the increase & Request to Change Services form is required. I understand that increases will not be backdated. I give Fresno Unified School District permission to obtain the information necessary to verify and support my days/hours worked by contacting clients, landlord or others deemed necessary.

Parent/Guardian Signature _____ Date _____

FOR OFFICE PURPOSES ONLY

Date Verified	Verified With	Staff Initials	Notes