RECORDS CHECK AUTHORIZATION
FOR LICENSED CHILD CARE PROGRAMS

Print all information

Print the name of the Child Care program exactly as it appears next to "Doing Business As" on the License Certificate –include the Certificate number:

Saxon Hill School, Inc. _____269____
Name (Cert. Number)

Town in which the Child Care program is located: _____Jericho_____

___(802) 899 – 3832_____ _____
Telephone number at the Child Care program Home telephone number of employee

Position held: Parent Helper

Print: _____ _____ _____
Last Name First Name Middle Name

Print maiden name and all other last names used:_____

Social Security #:_____ Six Digit Date of Birth: _____
(00/00/00)

Place of Birth:_____ Dates of employment: _____ _____
(Town and State) From To

Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against you? ____ YES ____ NO If YES, please explain:

_____
_____
_____

I understand that the Department for Children and Families (DCF) may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the child abuse and neglect records maintained by the Vermont Department for Children and Families.

Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal Information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Signature: _____ Date: _____

Please Return to:
Saxon Hill School
Attn: Director of Educational Programs
P.O. Box 68
Jericho, VT 05465