



**Family Day Care Registration
Criminal Conviction Disclosures**

225 Long Avenue · Hillside, NJ 07205
Phone: (973) 923-1433 Fax: (973) 923-1311
www.cccunion.org

Return this form to the sponsoring organization along with your application for registration. This information will be kept confidential.

Provider applicant's name _____
Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain: _____

Signature _____ **Date** _____

Please Have Your Substitute Complete This Section

Substitute provider's name _____
Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain: _____

Signature _____ **Date** _____

Please Have Your Assistant (if any) Complete This Section

Assistant's name _____
Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain: _____

Signature _____ **Date** _____

Please Have Your Alternate (if any) Complete This Section

Alternate's name _____

Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain _____

Signature _____ Date _____

**Please Have All Members of Your Household Who Are 14 Year Old or Older
Complete This Section**

Household member's name _____

Relationship to provider _____

Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain _____

Signature _____ Date _____

Household member's name _____

Relationship to provider _____

Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain _____

Signature _____ Date _____

Household member's name _____

Relationship to provider _____

Have you ever been convicted of a crime? _____ (yes or no)

If yes, please explain _____

Signature _____ Date _____