

**SWORN STATEMENT OR AFFIRMATION**

Please Print

\_\_\_\_\_  
Last Name                      First                      Middle                      Maiden                      Social Security Number

\_\_\_\_\_  
Current Mailing Address                      Street, P.O. Box #, Apt #                      City                      State                      Zip Code

**Fairfax Presbyterian Preschool, 10723 Main St, Fairfax, VA 22030**  
Name of Licensed/Registered Approved Facility/Provider and Address

1. Have you ever been convicted of or are you the subject of pending charges of any crime with the Commonwealth or equivalent offense outside the Commonwealth?

Yes (convicted in Virginia)                       Yes (pending in Virginia)                       No

If yes or pending, specify crime(s): \_\_\_\_\_

Yes (convicted outside Virginia)                       Yes (pending outside Virginia)                       No

If yes or pending, specify crime(s) and state or other location: \_\_\_\_\_

2. Have you ever been the subject of a founded complaint of child abuse or neglect within our outside the Commonwealth?

Yes (in Virginia)                       No (in Virginia)

Yes (outside Virginia)                       No (outside Virginia)

If yes or pending, specify state or other location: \_\_\_\_\_

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date