Peaceful Moments

**Guardian's Name:** _____

**Telephone:** _____

**Total # of Children** _____

# CHECKLIST

| | |
|---|---|
| **Drivers License or ID** *(Copy- Showing current address)* | |
| **Utility Bill** *(Copy -Recent -Showing current address)* | |
| **Wish List** (All Children 0-18 living at home FULLTIME) | |
| **Consent Form** *(Both guardians signatures)* | |
| **School ID** *(for all school age children)* | |
| **Other:** Check List and other documents | |

## Statement of Accuracy and Truthfulness

*I hereby affirm that all the information provided by me is complete, accurate, and true to the best of my knowledge and belief. I understand that any false or misleading information may result in consequences including, but not limited to, disqualification from all Peaceful Moments programs and future events.*

SIGNATURE _____ DATE _____

**If all documents are not attached we cannot move forward and your name will be removed from the list.**

San Bernardino County Residence ONLY Initials