



## CHILD ENROLLMENT FORM for Day Care Homes

*Parent or Guardian completes form*

Name of Day Care or Owner/Operator \_\_\_\_\_

On-Site Provider (if different) \_\_\_\_\_

Child's Name \_\_\_\_\_ Child # \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_ Child # \_\_\_\_\_ DOB \_\_\_\_\_  Male  Female

**Child(ren)'s Ethnic Information** (Choose one option per child)

- Hispanic or Latino  
 Not Hispanic or Latino

**Child(ren)'s Racial Information** (Choose one option per child)

- American Indian or Alaskan Native  Asian  
 Native Hawaiian or other Pacific Islander  White  
 Black or African American

Primary language spoken at home \_\_\_\_\_

Check if any of these apply

- Resident Child  Child is related to Provider  Child of Migrant Farm Worker  Special Needs  Foster Child

**HOURS/DAYS/MEALS**

Time Care Begins \_\_\_\_\_ Time Care Ends \_\_\_\_\_

**Days child normally receives care**

- Mon-Fri **OR**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

**Meals Child normally receives in care**

- Breakfast  AM Snack  Lunch  PM Snack  Supper  LN Snack

**Holiday and/or Weekend Care**

- Yes  No Time Care Begins \_\_\_\_\_ Time Care Ends \_\_\_\_\_

Does child(ren) attend school  Yes  No Name of School \_\_\_\_\_

Does child receive care on non-school days?  Yes  No

**INFANT FEEDING STATEMENT** (must be completed for any child less than one year of age)

- The Parent will supply breastmilk or formula  The Parent will supply ALL infant's food  
 The Provider will supply formula  The Provider will supply infant's food

**CONTACT INFORMATION FOR PARENT/GUARDIAN**

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work/Cell Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sponsor Use Only Section**

Date Enrollment Begins \_\_\_\_\_ Date Enrollment Expires \_\_\_\_\_ Child Enrollment Approved \_\_\_\_\_  
(initials)

Emergency Placement \_\_\_\_\_  
(Provider Name)

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