

Parent or Guardian completes form

Provider # _____

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

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

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

HOURS/DAYS/MEALS

Date Care Begins _____

Child # _____ Time Care Begins _____ Time Care Ends _____

Child # _____ 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 – to be completed by Parent/Guardian

Parent/Guardian's Name _____ Email Address _____

Parent/Guardian's Name _____ Email Address _____

Home Address _____

Home Phone Number _____ Work/Cell Phone Number _____

Parent/Guardian Signature _____ Date _____

FOR SPONSOR USE ONLY

Date Enrollment Begins _____ Date Enrollment Expires _____ Child Enrollment Approved _____

Emergency Placement _____ PROVIDER NAME/DATES _____ INITIALS _____

Emergency Placement _____ PROVIDER NAME/DATES _____

This institution is an equal opportunity provider.