

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 \_\_\_\_\_  
INITIALS

Emergency Placement \_\_\_\_\_ PROVIDER NAME/DATES

Emergency Placement \_\_\_\_\_ PROVIDER NAME/DATES

This institution is an equal opportunity provider.