

Parent or Guardian completes form

Provider # _____

Name of Day Care or Owner/Operator _____

On-Site Provider (if different) _____

Child's Name _____ DOB _____ ☐ Male ☐ Female

Child's Name _____ 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

Check if any of these apply

☐ Provider's Resident Child ☐ Child is related to Provider ☐ Child of Migrant Farm Worker ☐ Disabled ☐ Foster Child

HOURS/DAYS/MEALS Date Care Begins _____

Time Care Begins _____ Time Care Ends _____

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

This institution is an equal opportunity provider.