

Parent or Guardian completes form

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

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

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