



CHILD ENROLLMENT FORM
for Day Care Homes

Parent or Guardian completes form

Name of Day Care or Owner/Operator **Ms. Michelle's Child Care Service**

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

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 _____

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