



CHILD ENROLLMENT FORM
for Day Care Homes

Parent or Guardian completes form

Name of Day Care or Owner/Operator _____

On-Site Provider (if different) _____ T _____

Child's Name _____ Child # _____ DOB _____ Male Female

Child's Name _____ Child # _____ DOB _____ Male Female

Child(ren)'s Ethnic Information (Choose one option per child) **Child(ren)'s Racial Information** (Choose one option per child)

Hispanic or Latino American Indian or Alaskan Native Asian

Not Hispanic or Latino 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 8:00AM Time Care Ends 5:00PM

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)

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 653-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.