

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.