

DAY CARE HOME ENROLLMENT FORM

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) Ethnic Information (Choose one option per child)

Hispanic or Latino Non Hispanic or Latino

Child(ren)'s Racial Information (Choose at least one option per child)

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Meals child normally receives in care:

Breakfast AM Snack Lunch PM Snack Supper LN Snack

Expected Days of Care	Drop off Time	Pick Up Time	Check if Attendance on Non School Days
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Parent/Gaurdian's Name: _____

Home Address: _____

Home Phone Number: _____ Work/ Cell Phone Number: _____

Parent/ Gaurdian's Signature _____ Date: _____

Day Care Began: _____ Day Care Ended: _____

Form Entered in Homes System _____ Date Form Expires: _____

(Initials)