

# Child Enrollment

## Family Child Care

Please complete the following information for all children you have cared for over the last 12 months. Children listed may no longer be active in your child care but will need to be listed if you cared for them within the previous 12 months. Evaluations of your program will be sent to parents by your licenser. (9502.0367, 9543.0040, subpart 2. B. (b))

**Licenser Use Only**

(Place a checkmark in the box beside the child's name if they are present during the visit)

LICENSE HOLDER NAME			LICENSE CLASS / CAPACITY			DATE		A & A (Liability & Travel Authorization)	Allergy Form	Mandated Reporter	Immunization	Permission to Administer	Wading Pool Consent	Swaddle Consent	Infant Alternate Sleep	Parent Evaluation
Child's Name: (first, last)	Enrollment Start/End	DOB	Infant Toddler Preschool School age	Days/Hrs of Care	Parent/Guardian Information Name (first/last) Address, Zip	Phone Numbers										
1 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
2 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
3 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
4 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
5 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
6 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									

							<b>Licensors Use Only</b>									
							(Place a checkmark in the box beside the child's name if they are present during the visit)									
Child's Name: (first, last)	Enrollment Start/End	DOB	Infant Toddler Preschool School age	Days/Hrs of Care	Parent/Guardian Information Name (first/last) Address, Zip	Phone Numbers	A & A (Liability & Travel Authorization)	Allergy Form	Mandated Reporter	Immunization	Permission to Administer	Wading Pool Consent	Swaddle Consent	Infant Alternate Sleep	Parent Evaluation	
7 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
8 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
9 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
10 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
11 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
12 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									
13 <input type="checkbox"/>			I T P S active													
Parent email address:							notes:									