

<input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> PREVIOUSLY ENROLLED
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CHILD ENROLLMENT FORM
for Day Care Homes

Parent or Guardian completes form

Name of Day Care or Owner/Operator _____			
On-Site Provider (if different) _____			
Child's Name _____	Child # _____	DOB _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name _____	Child # _____	DOB _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child(ren)'s Ethnic Information (Choose one option per child) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Child(ren)'s Racial Information (Choose one option per child) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	
Primary language spoken at home _____			
Check if any of these apply			
<input type="checkbox"/> Resident Child	<input type="checkbox"/> Child is related to Provider	<input type="checkbox"/> Child of Migrant Farm Worker	<input type="checkbox"/> Special Needs <input type="checkbox"/> Foster Child
HOURS/DAYS/MEALS			
	Start date _____	Time Care Begins _____	Time Care Ends _____
Days child normally receives care			
<input type="checkbox"/> Mon-Fri	<i>OR</i>	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Meals Child normally receives in care			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> LN Snack
Holiday and/or Weekend Care		<input type="checkbox"/> Yes <input type="checkbox"/> No	Time Care Begins _____ Time Care Ends _____
Does child(ren) attend school		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School _____
Does child receive care on non-school days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
INFANT FEEDING STATEMENT (must be completed for any child less than one year of age)			
<input type="checkbox"/> The Parent will supply breastmilk or formula	<input type="checkbox"/> The Parent will supply ALL infant's food		
<input type="checkbox"/> The Provider will supply formula	<input type="checkbox"/> The Provider will supply infant's food		
CONTACT INFORMATION FOR PARENT/GUARDIAN			
Parent/Guardian's Name _____			
Home Address _____		City: _____, NY	Zip: _____ County: _____
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): _____	

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