

CHILD CARE ENROLLMENT FORM

CIRCLE ONE: Day Care, Group Family Day Care, Family Day Care,
School-Aged Child Care, Day Camp

Client's Name _____ Case Number _____

Address _____

Telephone Number _____

Provider's Name _____ Telephone Number _____

Location of Care _____

Social Security Number _____ OR Tax ID Number _____

List the name, date of birth and amount charged for each child in your care (from this case):

	CHILD'S NAME	DATE OF BIRTH	AMOUNT CHARGED/HR/DAY/WEEK
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____
D)	_____	_____	_____

I certify that the amount I am charging subsidized children is not more than the amount charged for non-subsidized children of the same age. I charge non-subsidized families on a (circle one) weekly or daily basis

For each day that care is needed, indicate what time the child(ren) will be dropped off and picked up. This information should be provided for all children listed above.

	DROP-OFF TIME					PICK-UP TIME				
	A	B	C	D	E	A	B	C	D	E
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

I certify that all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services. I allow the parents or caretakers of the children listed above unlimited and on demand access to their children; to written records regarding their children, and to myself and the premises whenever their children are in care.

Signature of Provider: _____ Date: _____

Signature of Parent: _____ Date: _____