# 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 ________ □ Male □ Female

Child’s Name __________ Child # ________ 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 (Choose one option per child)

- □ American Indian or Alaskan Native
- □ Native Hawaiian or other Pacific Islander
- □ Black or African American
- □ Asian
- □ White

Primary language spoken at home

Check if any of these apply

- □ Provider’s Resident Child
- □ Child is related to Provider
- □ Child of Migrant Farm Worker
- □ Special Needs
- □ Foster Child

HOURS/DAYS/MEALS

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 Provider will supply formula
- □ The Parent will supply ALL infant’s food
- □ The Provider will supply infant’s food

CONTACT INFORMATION FOR PARENT/GUARDIAN – to be completed by Parent/Guardian

Parent/Guardian’s Name

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 __________________

Emergency Placement

PROVIDER NAME

USDA is an equal opportunity provider and employer.

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White: Sponsor Yellow: Provider