

## ENROLLMENT FORM

Please complete the following information for all children you have cared for over the past 12 months, whether they are still in care or not and whether they are full or part time. Evaluations will be sent to at least two of these parents. (9502.0367,9502.0355, subp. 14.B.)

The following information is accurate and any misrepresentations may result in a negative action

Class of License: \_\_\_\_\_ Licensor Name: \_\_\_\_\_

Provider Signature _____		Date								Worker only		
Child's Name	Birth date	Male/Female	Infant	Toddler	Preschool	School-Age	Parent's Name & Address with Zip Code	Telephone Numbers (Both Work and Home)	Days & Hours of Care	Current or Past	A & A	Immunization
Date started _____ Date ended _____												
Date started _____ Date ended _____												
Date started _____ Date ended _____												
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