

### Enrollment Form

Please complete the following information for all children you have cared for over the last 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 the parents. (9502.0367 and 9543.0040, subpart 2. B. (b))

Provider's Name: \_\_\_\_\_ Class of License \_\_\_\_\_

Licenser's Name: \_\_\_\_\_

Current or Past	A&A	Liability Ins. Notice	Mandated Reporter	Immunization	Travel Auth.	Permission to Administer	Parent Evaluation	Child Present at visit
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Child's Name	Enrollment start & end date	Sex	Date of birth	Infant Toddler Preschool or School age	Parent(s) Information: Name Address with zip code Phone Number	Days and Hours of care	Worker Only							
1				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
2				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
3				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
4				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
5				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
6				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										
7				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>										

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8				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
9				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
10				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
11				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
12				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
13				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											
14				I <input type="checkbox"/> T <input type="checkbox"/>  P <input type="checkbox"/> S <input type="checkbox"/>											