|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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\_\_\_\_\_\_\_\_  Licensor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Current or Past | | | A&A | Liability Ins. Notice | | Mandated Reporter | | | Immunization | Travel Auth. | | | Permission to Administer | Parent Evaluation | | | Child Present at visit | |
| 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  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 2 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 3 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 4 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 5 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 6 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 7 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| **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\_\_\_\_\_\_\_\_  Licensor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Current or Past | | | A&A | Liability Ins. Notice | | Mandated Reporter | | | Immunization | Travel Auth. | | | Permission to Administer | Parent Evaluation | | | Child Present at visit | |
| 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 | | | | | | | | | | | | | | | | |
| 8 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 9 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 10 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 11 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 12 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 13 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |
| 14 |  |  |  | I  T  P S |  |  | |  |  | | |  | |  |  | | |  |  | | |  |  | |