|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Enrollmentstart & end date | Sex | Date of birth | InfantToddlerPreschoolor School age | Parent(s) Information:NameAddress 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[ ]  |  |  |  |  |  |  |  |  |  |  |  |
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| 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[ ]  |  |  |  |  |  |  |  |  |  |  |  |