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, 9502.0335, subp. 14.B.)

Provider Name _____ Class of License _____ Licensor Name _____

Child's Name	Sex	Birth Date	Infant	Toddler	Preschool	School-age	Parent's Name and Address with ZIP code	Telephone Numbers (both work and home)	Days and Hours of care	Worker Only: Current or Past	Worker Only: A & A	Worker Only: Immunization	Worker Only: Parent Evaluation
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													

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12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
21.													
22.													