

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.)

Worker Only

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)	Enrollment Date/End Date	Days and Hours of Care	A & A	Policy	Immunization	Insurance	Grievance/Mandated Reporting
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															