



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
FAMILY DAY CARE LICENSING

CHILD ENROLLMENT FORM

Child's Name: _____ Child's Date of Birth: _____
 Home Telephone #: _____ Date of Application: _____
 Father's Name: _____ Date Enrolled: _____
 Mother's Name: _____ Date Enroll Ends: _____
 Mother's Address: _____ City: _____
 Mother's Employer: _____ Work Phone #: _____
 Mother's Employer Address: _____ City: _____
 Father's Address (if different): _____ Phone #: _____
 Father's Employer: _____ City: _____ Work Tel.: _____
 Father's Employer Address: _____ City: _____

<p>Weekly Care Schedule:</p> <p>Day: _____ Begin: _____ End: _____</p> <p>_____</p> <p>Sunday: _____</p> <p>Monday: _____</p> <p>Tuesday: _____</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p>	<p>Persons to Call in an Emergency:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p> <p>-----◆-----</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p>
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<p>_____, my child care provider, has my permission to transport my child, if necessary, when my child is in care.</p> <p>-----◆-----</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>	<p>Child may be released to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p> <p>-----◆-----</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p>
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The provisions outlined on this form have been worked out in consultation with me and have my approval.

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Is your child related to the person providing his/her child care? Yes No If Yes, what is the relationship? (Relationship= grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage)

(This form must be kept on file for one year after the child is no longer enrolled in the child care home.)