

**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 Enrollment Ends: _____	
Mother's Address: _____ City: _____ Zip Code: _____	
Father's Address (if different): _____ Phone #: _____	
Mother's Employer: _____ Work #: (____) _____	
Mother's Employer Address: _____ City: _____ Zip Code: _____	
Father's Employer: _____ Work #: (____) _____	
Father's Employer Address: _____ City: _____ Zip Code: _____	
<p>Weekly Care Schedule:</p> <p>Day: _____ Begin: _____ End: _____</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 align="center">◆</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p>
<p>_____, my child care provider, has my permission to transport my child, if necessary, when my child is in care.</p> <p align="center">◆</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 align="center">◆</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: (____) _____ Relationship: _____</p>

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.)