☐ Applicant ☐ Change of Premise
☐ Relicensing ☐ Review
☐ Review

ENROLLMENT FORM

Please complete the following information for all (including your own) 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. 14B.)

Provider Name: _____ Class of License: _____ Licensor Name: [redacted]

For Office Use Only: Present	Include your own child(ren) under 11 years of age: Child's Name	Sex	Birth Date mm/dd/yyyy	Infant	Toddler	Preschool	School-Age	*PLEASE PRINT AND BE LEGIBLE* Parent's Name, Address and ZIP Code	Telephone Numbers (work and home)	Days and Hours of Care	Worker Only: Current / Past	Admission & Arrange	Immunization	Reporting Notification	Parent Evaluation
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						
								Name: Address: City, State, Zip:	H: W: C:						