



# CHILD INFORMATION FORM

DATE: \_\_\_\_\_

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
RACE

\_\_\_\_\_  
MALE/FEMALE

DAY CARE ( ) LATCH-KEY ( )

MICRO SCHOOL ( )

\_\_\_\_\_  
HOURS

\_\_\_\_\_  
DAYS WILL ATTEND

\_\_\_\_\_  
STARTING DATE

\_\_\_\_\_  
PARENT (Please Print Name)

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME/CELL PHONE

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
2 WEEK NOTICE DATE

\_\_\_\_\_  
TERMINATION/ LAST DATE

**This form is to accompany \$45.00 enrollment fee.**

An Equal Opportunity Program

This program is available to all individuals regardless of race, color, national origin, age, sex, or handicap. Persons who believe they have been denied equal opportunity for participation may write to the Security of Agriculture, Washington, D.C. 20250.

