

**LICENSED DAY CARE/GROUP DAY CARE HOME**

**INSTRUCTIONS:** Record each child's name. Include the provider's own children under eleven years of age and **any children for which an exception is requested** (if requesting an exception to exceed capacity). Provide each child's date of birth, date of enrollment, hours in care, and the days in care. Draw a line from the time the child arrives to the time the child leaves. All information must be complete. Incomplete forms will be returned. **\*\* PLEASE PRINT CLEARLY \*\***

Name of Facility (exactly as it appears on the license)					License Number					County				
Street Address			City			Zip Code			Phone Number			Email		

Name of Child Including First and Last Name	Date of Birth	Date of Enrollment	Hours	Day(s) of Week	6:00 AM	6:30 AM	7:00 AM	7:30 AM	8:00 AM	8:30 AM	9:00 AM	9:30 AM	10:00 AM	10:30 AM	11:00 AM	11:30 AM	12:00 PM	12:30 PM	1:00 PM	1:30 PM	2:00 PM	2:30 PM	3:00 PM	3:30 PM	4:00 PM	4:30 PM	5:00 PM	5:30 PM	6:00 PM	6:30 PM	7:00 PM	7:30 PM	8:00 PM	8:30 PM	9:00 PM	9:30 PM	10:00 PM	10:30 PM	11:00 PM	11:30 PM	MIDNIGHT					
Jane Doe	2/8/2017	1/15/2018	7:30am-4:30pm	M T W Th F					←																																					
<b>Children Under 18 months (additional space on next page)</b>					<b>** PLEASE PRINT CLEARLY **</b>																																									
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
<b>Children at least 18 months but under 5 years of age (additional space on next page)</b>					<b>** PLEASE PRINT CLEARLY **</b>																																									
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										
<b>Children at least 5 years but under 11 years of age (additional space on next page)</b>					<b>** PLEASE PRINT CLEARLY **</b>																																									
	/ /	/ /		M T W Th F																																										
	/ /	/ /		M T W Th F																																										

I attest that the above information is true and correct.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

