

# CHILD ROSTER

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ALL 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 OR DROP-IN. PLEASE INCLUDE YOUR OWN CHILDREN UNDER AGE 11. (9502.0367)

PROVIDER NAME \_\_\_\_\_ CLASS OF LICENSE \_\_\_\_\_ LICENSOR NAME \_\_\_\_\_

													WORKER ONLY			
Child 's Name	S e x	Date of Birth	Infant	Toddler	Preschool	School-age	Parent's Name & Address with Zip code	Telephone Numbers (both work and home)	Days & hours of care	Start Date / End Date	A & A	Immunization	Insurance	Permission to administer	Pool	
							Name(s): Address: City:                      State:      Zip:	Home: Work:								
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(parent evaluations mailed)

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(parent evaluations mailed)