



**Infant Toddler
Family Day Care**
Become Part of Our Family

Child Care Plus Family Enrollment Form

Date of Enrollment: _____

Mother: _____

Father: _____

Child: _____

Date of Birth: _____

Child: _____

Date of Birth: _____

Child: _____

Date of Birth: _____

Child: _____

Date of Birth: _____

I am interested in child care services during the following times: (check all that apply)

Weekday Evenings

Weekend daytime

Weekend Evenings

Overnight

Full Day

Holidays

I have a child with special needs

Yes

No

If yes, please explain:

For current Infant Toddler families only:

Provider name: _____

Parent Signature: _____

Date: _____