

South Carolina Department of Social Services  
**CHILD AND ADULT CARE FOOD PROGRAM CHILD ENROLLMENT FORM**

**Section I. (To Be Completed by Provider)**

Provider's Name: \_\_\_\_\_ Provider's Telephone: \_\_\_\_\_

Indicate enrollment action and effective date:

**New Child Enrollment**    **Renewal**    **Update**   Effective Date: \_\_\_\_\_

**Section II. (To Be Completed by Parent)**

| Child's First and Last Name | Date of Birth | Gender M/F | Age* | Race (Optional) | List time child arrives at child care home and time child leaves at the end of the day. | Does child attend school? Y/N | If yes, when does child leave child care home to go to school and when does child return. | Use this space for any special arrival or departure times for the child. |
|-----------------------------|---------------|------------|------|-----------------|---|-------------------------------|---|--|
|                             |               |            |      |                 | Arrives at child care home: _____<br>Leaves at end of day: _____                        |                               | Leaves to go to school: _____<br>Returns to child care home: _____                        |  |
|                             |               |            |      |                 | Arrives at child care home: _____<br>Leaves at end of day: _____                        |                               | Leaves to go to school: _____<br>Returns to child care home: _____                        |  |
|                             |               |            |      |                 | Arrives at child care home: _____<br>Leaves at end of day: _____                        |                               | Leaves to go to school: _____<br>Returns to child care home: _____                        |  |

\* **Ages birth through 11 months:** (Complete the infant statement form, also.)

Please check the days of the week the child is in care:    Mon.    Tues.    Wed.    Thurs.    Fri.

Will your child(ren) be in care on weekends?    Yes    No (If yes, check days.)    Saturday    Sunday

If so, explain why your child care provider will be providing care on weekends occasionally or on a regular basis.

Will your child(ren) be in care during holidays?    Yes    No

Parent/Guardian must submit a signed, separate note to the provider indicating the child's name for each holiday care is provided.

What meals will your child(ren) be served?    Breakfast    AM Snack    Lunch    Afternoon Snack    Supper  
 Evening Snack (Your provider will only be reimbursed for meals marked consistent with arrival/departure listed above.)

Is/are your child(ren) related to the child care provider?    Yes    No

If yes, indicate relationship: \_\_\_\_\_

Is/are your child(ren) living at the child care provider's home?    Yes    No

Print Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

**I hereby certify the information given on this form is true and correct to the best of my knowledge.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_