Name of Provider_____

License Number _____

CHILD CARE HOME PROVIDER APPEAL
REGISTER OF CHILDREN ENROLLED

CHILD'S NAME (Please Print)	CHILD'S BIRTHDATE (Month/Day/Year)	CHILD'S REGUALR SCHEDULE	CHILD'S ENROLLMENT DATE

Complete this form for each child enrolled in your family childcare home, including your own children under 12 years of age. For each child enrolled complete the name, birth date, hours and days the child is in attendance and the child's enrollment date.