

IDOE 5/99 Revised

MANDATORY ENROLLMENT ROSTER FOR FAMILY DAY CARE HOMES

PROVIDER: _____

MONTH/YEAR: _____

Name of Child Last Name First	Date of Birth and Grade	Date of Enrollment OR Date of Withdrawal	Provider's Own Child OR Relative (O or R)	Hours and Days In Attendance	Parent/Guardian Name, Complete Mailing Address including Zip Code and Phone Numbers including Area Codes (work and home)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

I certify that the information on this enrollment record is true to the best of my knowledge. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SIGNATURE: _____

DATE: _____

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12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					

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