

THE CHILDREN'S CABINET
CAREGIVER'S SUPPORT NETWORK
SICK CHILD CARE REGISTRATION FORM

Child:

Name _____ Date of Birth _____ Ethnicity _____

Address _____ Phone _____
 Street City State Zip Code

Parents/Guardians:

Mother/Guardian's Full Name _____ Ethnicity _____

Place of Employment _____
 Name Address Phone

Father/Guardian's Full Name _____ Ethnicity _____

Place of Employment _____
 Name and address Phone

Emergency Contact (other than parents): _____
 Name Relationship to child

Address City State Zip Phone

My child's usual daytime situation: (circle one)

- | | |
|------------------------------------|------------|
| 1. At home with other relative | Name _____ |
| 2. At home with sitter | Name _____ |
| 3. At a private sitter's house | Name _____ |
| 4. Licensed Day Care Home | Name _____ |
| 5. Private School | Name _____ |
| 6. Day Care Center | Name _____ |
| 7. Public School | Name _____ |
| 8. Public School-Special Education | Name _____ |

Parenting Situation:

- ___ Both parents reside in the home
 ___ Single parent - Mother
 ___ Single parent - Father
 ___ Other _____

(explain)

Is the family receiving child care subsidies?
 Yes No (circle one)

From which agency? _____

Do you need assistance with the cost of care? Yes _____ No _____

If yes, you will need to provide verifiable documentation of income, employment/training, and schedule (to include but not limited to, wage stubs, letters from employers, official school schedule, official school grade reports and other documents deemed necessary by staff) status at the time of certification for enrollment and when requested for re-certification of eligibility.

Child's Physician: _____
 (name & address) (phone)

Who is your Health Insurance carrier? _____

All information on this form is confidential and is required by funding sources.