

<b>Office Use</b>	
Wkly Hrs Avail	<u>10</u>
Wkly Hrs Used	_____
Wkly Hrs Remain	_____

Family Enrichment Center Wee Care Nursery

Respite Child Care Registration

441 church Avenue • 781-6714 / 869 Broadway • 781-7031

**Referring Agency/Social Worker Name/County:** \_\_\_\_\_

**Child(ren) Information**

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

2. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

3. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

4. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

**Parental Information**

**Mother** \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ **Marital Status** (circle one): married divorced single

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Father** \_\_\_\_\_ Social Security Number \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ **Marital Status** (circle one): married divorced single

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Please list special needs of child (i.e. allergies/medications/disabilities):**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Fees (Fees or vouchers due before your child's attendance.)

\* FREE with approval of referral source listed above

\* \$15.00 without referral

**Program Regulations for Free Respite Child Care:**

\*Must have updated immunization record on file with Family Enrichment Center.

\*Up to 10 hours of child care per week per child AND 30 days per year per family.

*I certify that the aforementioned information is correct and is the agreed upon date and time of service and I will abide by the policies in the Parent Handbook and the agreed upon date of time and service.*

*I understand that this registration does not guarantee my child's attendance.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

and/or

Referring Agency Signature \_\_\_\_\_

Date \_\_\_\_\_

**(Referring Agency MUST complete. This information is required for grant writing purposes.)**

***Information below is held confidential and used for program reporting only.***

Has there ever been substantiated abuse or neglect investigation?     \_\_\_ Yes \_\_\_ No

How many of the children are five years old or younger?     \_\_\_\_\_

Has there ever been any substance abuse in the home?     \_\_\_ Yes \_\_\_ No

Has there ever been a domestic violence situation in the home?     \_\_\_ Yes \_\_\_ No

Is either parent a teenager?     \_\_\_ Yes \_\_\_ No

Is either parent developmentally disabled?     \_\_\_ Yes \_\_\_ No

Is this family defined to be at "high risk" as assessed by Protection and Perm. Staff?     \_\_\_ Yes \_\_\_ No

Number of individuals in household \_\_\_\_\_

Annual Household Income \_\_\_\_\_