

Child Care Enrollment Form ----- The California School Age Families Education (Cal-SAFE) Program

DIRECTIONS: Use this form to (1) enroll a child into Cal-SAFE funded childcare OR (2) create a “Tentative” or “Wait Listed” childcare schedule for planning purposes. To document the need for childcare services, each child’s file should contain a current copy of the student-parent’s academic and activities schedule.

The information in this box is for local use, and will not be transmitted to the state

Student name: Last _____ First _____ MI _____

Address: Street _____ City _____ Zip Code _____

Child’s Name: Last _____ First _____ MI _____

<p>1. *Is this a correction/change to a CHILD INFORMATION FORM previously completed this school year? (Must complete and re-submit whole form in both cases)</p> <p>_____ Yes _____ No</p>	<p>7. Childcare enrollment status</p> <p>_____ Enrolling (Child is enrolling in Cal-SAFE funded childcare)</p> <p>_____ Schedule change (already enrolled- complete only # 8, 9 & 11 below)</p> <p>_____ Re-enrolling (during same school year after temporary withdrawal)</p> <p>_____ Tentative (will start in the future; list estimated start date in #8)</p> <p>_____ Wait List; no Cal-SAFE openings at this time. (enter DESIRED start date in item 8 below)</p>																														
<p>2. *Student (PARENT) ID Number</p>																															
<p>3. *Child’s ID Number (use parent’s ID number, with 01 added for 1st child, 02 for 2nd child, etc.)</p>																															
<p>4. Date form completed</p>	<p>8. Effective date for Cal-SAFE funded Childcare:</p>																														
<p>5. *Agency code:</p>	<p>9. Child Schedule: Circle appropriate number for EACH day.</p> <table border="1"> <thead> <tr> <th></th> <th>1 Full Day More than 6.5 hr</th> <th>2 3/4 Day 4 to 6.5 hrs</th> <th>3 1/2 Day Less than 4 hr</th> <th>4 Will not attend</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Tues</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Wed</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Thurs</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Fri</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		1 Full Day More than 6.5 hr	2 3/4 Day 4 to 6.5 hrs	3 1/2 Day Less than 4 hr	4 Will not attend	Mon	1	2	3	4	Tues	1	2	3	4	Wed	1	2	3	4	Thurs	1	2	3	4	Fri	1	2	3	4
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<p>6. *Child’s age at Enrollment for child care:</p> <p>_____ Infant (0 through 17 months)</p> <p>_____ Toddler (18 through 35 months)</p> <p>_____ Preschooler (36 through 60 months)</p>																															

<p>10. Did the child have a Pre-Admission health Evaluation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14. Date of the child's last physical exam:</p>
<p>11. *Is the child's California School Immunization Record (CSIR) "Blue Card" up to date or is there a signed waiver?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. Date of TB test (if child is over 12 months old):</p>
<p>12. Does the child have any medical conditions or allergies (foods, pets, plants, medications, etc.) that require special care or precautions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please explain:</p>	<p>16. Check all of the following services that the child receives:</p> <p><input type="checkbox"/> Infant/Toddler Specialist</p> <p><input type="checkbox"/> Early Head Start</p> <p><input type="checkbox"/> Public Health Field Nursing</p> <p><input type="checkbox"/> Other, Please list</p>
<p>13. Does the child have any developmental conditions that require special care or precautions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please explain:</p>	

Please review all questions for accuracy and make changes as needed, then turn this form in to the Cal-SAFE Office. Thank you.