

STATE OF KANSAS
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DIVISION OF SERVICES TO CHILDREN AND YOUTH

CY-896
6-78

CHILD DAY CARE ENROLLMENT/AGREEMENT

I. CHILDREN ENROLLED							
LAST NAME	FIRST NAME	NAME CALLED	DATE ENROLLED	SEX	BIRTHDATE	PUBLIC SCHOOL ATTENDED	DATE TERMINATED
A.							
B.							
C.							

II. FAMILY INFORMATION	III. EMERGENCY INFORMATION																					
<p>A. PARENT OR RESPONSIBLE PARTY</p> <p>* 1. Name: _____</p> <p>2. Address: _____</p> <p>3. Home Telephone _____</p> <p>4. Language spoken in home _____</p> <p>B. BIOLOGICAL PARENTS' RELATIONSHIP (check if known)</p> <p>1. <input type="checkbox"/> Living Together 4. <input type="checkbox"/> Other (explain)</p> <p>2. <input type="checkbox"/> Living Separately</p> <p>3. <input type="checkbox"/> One Parent Deceased</p> <p>C. PARENTS' OR RESPONSIBLE PARTY'S EMPLOYMENT</p> <p>1. Mother's Employment:</p> <p>a. Name _____</p> <p>b. Employer _____</p> <p>c. Employer's Phone No. _____</p> <p>d. Working Days: (circle) Su, M, T, W, Th, F, Sa</p> <p>e. Working hours: From: _____ to _____</p> <p>2. Father's Employment</p> <p>a. Name _____</p> <p>b. Employer _____</p> <p>c. Employer's Phone No. _____</p> <p>d. Working Days: (circle) Su, M, T, W, Th, F, Sa</p> <p>e. Working hours: From _____ to _____</p> <p>D. CHILDREN AND ADULTS LIVING IN HOME</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 15%;">AGE</th> <th style="width: 55%;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	NAME	AGE	RELATIONSHIP	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____	<p>A. PERSON(S) TO CONTACT IF APPLICANT UNAVAILABLE</p> <p>1. Name _____</p> <p>Phone _____ Relation _____</p> <p>2. Name _____</p> <p>Phone _____ Relation _____</p> <p>B. PREFERRED DOCTOR</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>C. PREFERRED HOSPITAL</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>
NAME	AGE	RELATIONSHIP																				
1. _____	_____	_____																				
2. _____	_____	_____																				
3. _____	_____	_____																				
4. _____	_____	_____																				
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