Illinois Child Care Bureau 1400 E. Touhy Avenue, Suite 477 Des Plaines, IL 60018 voice: 773.444.0115 fax: 773.930.4887 www.IllinoisChildren.com Info@IllinoisChildren.com

RESIDENTIAL CHILD ENROLLMENT

Fiscal Year ____ (effective 10/1/__ - 9/30/__)

Provider's first and last name _____

Address _____ City _____ Zip _____

City _____, IL **Zip Code** _____

In order for this form to be accepted, all items must be completed for any related or non-related residential children 12 years old or younger living in your home. If your household size changes after you submit this form, then you must submit an updated form to the address listed above.

Complete the child's first and last name, birth date, and age.

First Child (full name)

Name

_____

Birth Date ___ /___ /___

Age ____

Second Child (full name)

Name

_____

Birth Date ___ /___ /___

Age ____

Third Child (full name)

Name

_____

Birth Date ___ /___ /___

Age ____

First Child Choose one:

__ Own child
__ Foster child
__ Relative or non-related child living in household

Second Child Choose one:

__ Own child
__ Foster child
__ Relative or non-related child living in household

Third Child Choose one:

__ Own child
__ Foster child
__ Relative or non-related child living in household

Civil Rights Information

Please identify the ethnicity and race of the child(ren) by marking the appropriate line.

First Child **Ethnicity Data**

__ Hispanic or Latino __ Not Hispanic or Latino

Race Data __ American Indian or Alaskan Native
__ Asian __ Black or African American
__ Native Hawaiian or Other Pacific Islander __ White

Second Child **Ethnicity Data**

__ Hispanic or Latino __ Not Hispanic or Latino

Race Data __ American Indian or Alaskan Native
__ Asian __ Black or African American
__ Native Hawaiian or Other Pacific Islander __ White

Third Child **Ethnicity Data**

__ Hispanic or Latino __ Not Hispanic or Latino

Race Data __ American Indian or Alaskan Native
__ Asian __ Black or African American
__ Native Hawaiian or Other Pacific Islander __ White

This information will not affect your child's eligibility and is being collected only to ensure children receive meals on a fair basis, without regard to race, color, handicap, sex, age, or national group.

On school days, this child leaves for school at:

First Child

_____ a.m. or p.m.

Second Child

____ a.m. or p.m.

Third Child

_____ a.m. or p.m.

On school days, this child returns from school at:

First Child

_____ a.m. or p.m.

Second Child

____ a.m. or p.m.

Third Child

_____ a.m. or p.m.

This child/(ren) resides in my home 7 days a week and will be served meals/snacks that are served to the day care children in my home. I understand this form is NOT approval to claim meals/snacks for this child(ren). I understand that if I believe my household meets the income eligibility guidelines, then I must complete the required *Household Eligibility Application* and must first be approved to claim this child's meals on CACFP. I understand the information on this form 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 statues.

_____ provider's signature

_____ date

_____ provider's telephone number

This institution is an equal opportunity provider.

5/2024