

SIoux FALLS HEALTH DEPARTMENT

Day Care Attendee Master List

Provider Name _____



Please list all children under the age of two years:

	Child's Name	Parents Name	Complete Mailing Address	Phone	PT/FT # of hours attending day care	DOB
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

Please list any additional children:

	Child's Name	Parents Name	Complete Mailing Address	Phone	PT/FT # of hours attending day care	DOB
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

If more room is needed, please use the back side of this Day Care Attendee Master List

	Child's Name	Parents Name	Complete Mailing Address	Phone	PT/FT # of hours attending day care	DOB
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____

As of January 1, 2010, a provider may care for no more than four children under the age of two years, and no more than two of these four children may be under the age of one unless there is a registered helper in the home. If a provider cares for children under two years of age, the provider must maintain an adult/child ratio of one adult to four children under the age of two.