

PLACEMENTS & REMOVALS

Report each child who enrolls/leaves your daycare within 15 days

Provider's Name _____ Phone _____

Total current number of children in care: ___ Infant ___ Toddler ___ Pre-school ___ School Age

PLACEMENTS:

Child's Name	Birth Date	Parents Names Address & City Phone Number	Date Enrolled	Days of Care	Hours of Care
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			
		Parents Names: Address: Parent 1 Cell: Parent 2 Cell:			

REMOVALS:

Child's Name	Date Left	Why did child leave?

Please mail, email or text to: Carver County Child Care Licensing
Health & Human Services Bldg.
602 East 4th Street
Chaska, MN 55318

Email: tpsprengeler@co.carver.mn.us