

INSTRUCTIONS: This form should be completed by the 15th of each month.

Submit completed form to: Division of Family Resources 402 W. Washingon St., Rm W362-MS02 Indianapolis, IN 46204-2243

Date form completed (month, day, year)
Name of Center Home (check one)
License Identification number
Signature of person completing form

DATE OF BIRTH (month, day, year)	ENROLLED Indicate by Check Mark (√)	WITHDRAWN Indicate by Check Mark (✔)	VERIFICATION OF BIRTHDATE COMPLETED Indicate by Check Mark (✔)	PARENT'S PERMISSION FORM SIGNED Indicate by Check Mark (✔)
	DATE OF BIRTH (month, day, year)	DATE OF BIRTH (month, day, year) ENROLLED Indicate by Check Mark (Check Mark (Indicate by Check Mark (Indicate by Check Mark (Indicate by Check Mark (Indicate by Check Mark (Indicate b	DATE OF BIRTH (month, day, year) ENROLLED Indicate by Check Mark (Che	DATE OF BIRTH (month, day, year) DATE OF BIRTH (month, day, year) Participate by Check Mark (*) Participate by Check Mark (*)