MONTHLY REPORTING OF ENROLLED CHILDEN HOMES & CENTERS (BIRTH CERTIFICATE)

STATE FORM 46789 (R1 / 01-25)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

INSTRUCTIONS: *This form should be completed by the 15th of each month.*
Submit completed form to: Division of Family Resources
402 W. Washington St., Rm. W361
Indianapolis, IN 46204-2243

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

NAME OF CHILD	DATE OF BIRTH *(month, day, year)*	ENROLLED Indicate by *Check Mark (✓)*	WITHDRAWN Indicate by *Check Mark (✓)*	VERIFICATION OF BIRTHDATE COMPLETED *Indicate by Check Mark (✓)*	PARENT'S PERMISSION FORM SIGNED *Indicate by Check Mark (✓)*