FAMILY CHILD CARE – ENROLLMENT RECORDS REVIEW FORM (OEC/LICENSING – For Internal Use Only) **Specialist:** J. Thornton

Provider's Name: Dawn Dow Lic. #: 54105 Town: Seymour Date of Inspection:

Emergency Caregiver: Richard Dow Address: Same Phone #: 203-922-2362

Household Member Name	D.O.B	Relationship	Under 2	Present	Hours in Home	BGC	Adult Medical	Child Medical
Richard Dow	9/9/63	spouse						

Enrolled Children

1. **Child Name:** Kinsley Knauth **DOB:** 8/11/19 **Present:** (Y) / N
Days: **Hours:** 7-5 **Under 2:** Y / (N) 18
Relative: (Y) / N **Relationship:** Grandmother

Parent Name	Address (including zip code)	Phone #'s
1. Patrick "	17 Patrick Dr Seymour	(h/c)
		(w)
2. Nicole "		(h/c)
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
	✓	✓	✓	✓	✓	✓	✓

Notes:

2. **Child Name:** Skylar Knauth **DOB:** 8/1/14 **Present:** Y / N
Days: **Hours:** 8-5 **Under 2:** Y / N 18
Relative: (Y) / N **Relationship:** Grandchild

Parent Name	Address (including zip code)	Phone #'s
1.		(h/c)
		(w)
2.		(h/c)
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
					✓		

Notes:

3. **Child Name:** Vienna Zanfardino **DOB:** 2/17/16 **Present:** Y / N
Days: T, Th F **Hours:** 9-5 **Under 2:** Y / N 18
Relative: Y / N **Relationship:** grandchild

Parent Name	Address (including zip code)	Phone #'s
1. Elisha "	7 Blueberry Ln. Seymour	(h/c) 2-303-2742
		(w) 2-922-2202
2. Vincenzo "		(h/c) 2-915-9579
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
10/14/19	✓	✓	✓	✓			

Notes:

4. **Child Name:** Jaxon Zanfardino **DOB:** 2/16/20 **Present:** Y / N
Days: **Hours:** **Under 2:** Y / N 18
Relative: Y / N **Relationship:**

Parent Name	Address (including zip code)	Phone #'s
1. "		(h/c)
	"	(w) "
2. "		(h/c)
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
	✓	✓	✓	✓	✓	✓	✓

Notes: