TEAR OUT

# Family Child Care Home Provider - Roster

| Child's Name | Birth Date | Address | Daytime Phone of Parent/Guardian | Date Enrolled *(Start Date)* | Date Left *(End Date)* | # of Hours in care per week | Parent/Guardian Name(s) *(Print & Signature)* |
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# Family Child Care Home Provider - Roster *(continued)*

| Child's Name | Birth Date | Address | Daytime Phone of Parent/Guardian | Date Enrolled *(Start Date)* | Date Left *(End Date)* | # of Hours in care per week | Parent/Guardian Name(s) *(Print & Signature)* |
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