

South Carolina Department of Social Services
Child Care Licensing
FAMILY CHILD CARE HOME CONSUMER PARENT STATEMENT

Instructions: The provider should complete Section I. The parents should complete Section II and sign and date the form. Once parents have completed Section II, the provider is responsible for submitting the original to the Department of Social Services and keeping a copy on file at the facility. A new form must be completed annually.

Section I. (To Be Completed by Provider)

Provider's Name: _____	Provider's Telephone: _____
Indicate enrollment action and effective date	
☐ New Child Enrollment ☐ Annual Renewal ☐ Enrollment Information Update Effective Date: _____	

Section II. (To Be Completed by Parent)

Child's First and Last Name	Date of Birth & Age	Gender M/F	Meals Served (BREAKFAST, AM SNACK, LUNCH, PM SNACK, SUPPER, EVENING SNACK)	List time child arrives at FCCH and time child leaves FCCH at the end of the day.	Does child attend school? Y/N	If yes, when does child leave FCCH to go to school and when does child return	Days of the week child attends including weekends
				Arrives: _____ Leaves: _____		Leaves for school: _____ Returns from school: _____	
				Arrives: _____ Leaves: _____		Leaves for school: _____ Returns from school: _____	
				Arrives: _____ Leaves: _____		Leaves for school: _____ Returns from school: _____	

Will your child(ren) be in care during holidays? ☐ Yes ☐ No

Is/are your child(ren) related to the child care provider? ☐ Yes ☐ No if yes, indicate relationship: _____

Is/are your child(ren) living at the provider's home? ☐ Yes ☐ No

Print Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Emergency Person's Name: _____ Emergency Person's Telephone: _____

I/WE HAVE BEEN GIVEN A COPY OF THE SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES REGULATIONS AND SUGGESTED STANDARDS FOR FAMILY CHILD CARE HOMES. I/WE UNDERSTAND THAT COMPLAINTS REGARDING THE HEALTH AND SAFETY OF THE CHILDREN, CHILD ABUSE, OR OVER ENROLLMENT ARE TO BE REPORTED TO THE STAFF OF THE DEPARTMENT OF SOCIAL SERVICES.

I/WE HEREBY CERTIFY THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Parent/Guardian's Signature: _____ Date: _____