



<b>Name/Name of Center:</b>				<b>I have the following infants registered for the month of: _____</b>	
<b>Address and Phone #:</b>				<b>Circle One:</b> Home I                  Home II                  Center	
	<b>Infant Child Initial</b>	<b>Infant Date of Birth</b>	<b>Full or Part Time</b>	<b>Initials from 1 Parent</b>	<b>Parent Employer(s)</b> <small>*Please add both</small>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					
<b>15</b>					

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Provider Signature: \_\_\_\_\_ # of Children in the Center: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	<b>Date Received:</b>	<b>Incentive Amount Approved:</b>
------------------------	-----------------------	-----------------------------------

