



Additional children in a family enrolling in Satellite:

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's gender: (*check one*) \_\_\_\_\_ F \_\_\_\_\_ M

Child's ethnicity: (*check one*)

\_\_\_\_\_ African American \_\_\_\_\_ Latino \_\_\_\_\_ Native American  
\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other  
\_\_\_\_\_ Caucasian

Does this child have a disability? (*check one*) \_\_\_\_\_ Yes \_\_\_\_\_ No

Date child started/will start care: \_\_\_\_\_ Family Child Care Provider: \_\_\_\_\_

Care schedule: (*check one*) \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ PPT  
FT (Full-time)=35+ hours per week PT (Part-time)=11-34 hours per week PPT (Part-part-time)=10 or fewer hours per week

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