TO ADD A CHILD

Please complete:

Mom/Dad Name: _____

Child Name: _____ DOB _____

_____ Child's Birth Certificate Submitted

_____ Child's SS Card Submitted

_____ Provider Form

Return to Work Date: _____ at _____

Are both parents in the home? (circle) Yes OR   No

If no:

   Absent Parent Name: _____

   Absent Parent Address: _____
                                         Street

   _____ _____ _____
            City   State   ZIP

_____ _____
Parent Sign   Date

ADD NEW INFANT/CHILD   6/23/16