



2018-2019 Parent Information Form Star License Enhancement Program

Dear Parent or Guardian,

Your child attends a licensed 4 or 5 star child care facility in Rowan County. Smart Start Rowan provides enhancement funds to participating facilities aimed at encouraging these facilities to maintain the high quality of care that your child is receiving. In order to assist in this process, please fill out the following information. By signing this form, you also give permission for your child care voucher/action notice to be shared with Smart Start Rowan for reporting purposes only.

Please complete ONE per child. All information is required!

Center Name: _____ **Facility ID:** _____

Child's Name _____
(First) (MI) (last)

Child's Date of Birth ____/____/____ **Gender (Circle one):** Male Female **Family Size:** _____

Race (Circle one): Asian African-American Hispanic White other: _____

Does child live with parent/guardian? (Circle one): Yes No

Why does the child need child care? (Check one)

____ Parents work or seeking work _____ Training (parent in training program)

____ Education (parent in school) _____ Family Crisis

____ Special Needs (child)

____ Other _____

Is the child a US Citizen/NC Resident? (Circle one): Yes No

Parent's/Guardian's Signature Print Date

To be completed by Smart Start Rowan ONLY:

Gross Monthly Family Income: \$ _____ **Last day:** _____

1329 Jake Alexander Blvd. S., Salisbury NC 28146 * 704-630-9085 (phone)
Please send it to Cinthia Rodriguez 704-603-3340 (fax) or crodriguez@smartstartrowan.org