

2020-2021 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!

To be completed by the facility

Center's Name: _____ **Facility ID:** _____

For the parent/tutor/guardian:

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? Both parents Only Mother Only Father Guardian Other: _____

PLEASE LIST ALL THE INDIVIDUALS (ADULTS & CHILDREN) LIVING AT THE RESIDENCE AND RELATIONSHIP TO CHILD LISTED ABOVE.

Name & Relationship to child

Name & Relationship to child

Name & Relationship to child

Name & Relationship to child

Name & Relationship to child

Name & Relationship to child

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

Parent's/Guardian's Signature / **Print Name** _____ **Date** _____

To be completed by Smart Start Rowan ONLY:

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