



Delaware Department of Services for Children, Youth and Their Families
Office of Child Care Licensing

Temporary Emergency Child Care Site Enrollment Form

Parent or Guardian must qualify as essential personnel who cannot work from home under the Governor’s Executive Order.

Child’s Name: _____ Date of Birth: ____/____/____

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Child’s Name: _____ Date of Birth: ____/____/____

Home Contact Information:

Street Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone Number: _____

Work Contact Information:

Name of Agency: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Best way to contact you during work hours: _____

Parent/Guardian Information:

Name: _____

Relationship: _____

Address: _____

E-mail Address: _____

Home Phone: _____

Company Name: _____

Company Phone: _____

Name: _____

Relationship: _____

Address: _____

E-mail Address: _____

Home Phone: _____

Company Name: _____

Company Phone: _____

Needed Days of Child Care Service (check all that apply):

MON _____ TUE _____ WED _____ THU _____ FRI _____

Needed Hours of Child Care:

MON _____ TUE _____ WED _____ THU _____ FRI _____

Please initial the following.

_____ I agree to have the temperature taken of my child(ren) with a thermometer or to take my child's temperature at home and report it to the facility upon arrival to the facility.

_____ I agree to remove my child from care if a fever or possible COVID-19 symptoms are identified upon arrival to site.

_____ I agree to limit contact by limiting inside access and will drop off and pick up my child at the entrance of the site or at the outside door to the classroom, if used by the facility.

_____ I agree to practice social distancing the best way possible, within the setting.

I hereby agree to abide by the terms and conditions as provided in this Temporary Emergency Child Care Site Enrollment Form. **According to Governor John Carney's 8th Modification to the State of Emergency, child care may only be provided to children of essential personnel who cannot work from home.** I understand that any violation of the terms and conditions may result in termination of enrollment of my child(ren).

Parent/Guardian Name (Please Print):

Parent Signature:

Date: _____ / _____ / ____ 2020__

Facility Director/ Designee Name (Please Print):

Facility Director/ Designee Name Signature _____

Date: _____ / _____ / ____ 2020__