South Carolina Department of Social Services  
Child Care Licensing  
FAMILY CHILD CARE HOME CONSUMER PARENT STATEMENT

**Instructions:** The provider should complete Section I. The parents should complete Section II and sign and date the form. Once parents have completed Section II, the provider is responsible for submitting the original to the Department of Social Services and keeping a copy on file at the facility. A new form must be completed annually.

**Section I. (To Be Completed by Provider)**

<table>
<thead>
<tr>
<th>Provider's Name: ____________________________</th>
<th>Provider's Telephone: ____________________</th>
</tr>
</thead>
</table>

Indicate enrollment action and effective date

- [ ] New Child Enrollment
- [ ] Annual Renewal
- [ ] Enrollment Information Update

Effective Date: ________________

**Section II. (To Be Completed by Parent)**

<table>
<thead>
<tr>
<th>Child's First and Last Name</th>
<th>Date of Birth &amp; Age</th>
<th>Gender M/F</th>
<th>Meals Served (BREAKFAST, AM SNACK, LUNCH, PM SNACK, SUPPER, EVENING SNACK)</th>
<th>List time child arrives at FCCH and time child leaves FCCH at the end of the day.</th>
<th>Does child attend school? Y/N</th>
<th>If yes, when does child leave FCCH to go to school and when does child return</th>
<th>Days of the week child attends, including weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Arrives:_________</td>
<td>Leaves for school:_________</td>
<td>Returns from school:_________</td>
<td>Arrives:_________ Leave for school:_________ Returns from school:_________</td>
</tr>
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</tr>
</tbody>
</table>

Will your child(ren) be in care during holidays? [ ] Yes [ ] No

Is/are your child(ren) related to the child care provider? [ ] Yes [ ] No if yes, indicate relationship: ______________________

Is/are your child(ren) living at the provider's home? [ ] Yes [ ] No

Print Name of Parent/Guardian: ________________________________________________________________________________

Address: ___________________________________________________ City: ___________ State: _____ Zip: ________

Telephone: ________________________________________________

Emergency Person’s Name: ____________________________ Emergency Person’s Telephone: ____________________

I/WE HAVE BEEN GIVEN A COPY OF THE SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES REGULATIONS AND SUGGESTED STANDARDS FOR FAMILY CHILD CARE HOMES. I/WE UNDERSTAND THAT COMPLAINTS REGARDING THE HEALTH AND SAFETY OF THE CHILDREN, CHILD ABUSE, OR OVER ENROLLMENT ARE TO BE REPORTED TO THE STAFF OF THE DEPARTMENT OF SOCIAL SERVICES.

I/WE HEREBY CERTIFY THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Parent/Guardian’s Signature: ______________________________________ Date: ______________________

DSS Form 2909 (AUG 18) Edition of NOV 15 is obsolete.