* { margin: 0; padding: 0; text-indent: 0; } .s1 { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: normal; text-decoration: none; font-size: 9.5pt; } h1 { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: bold; text-decoration: none; font-size: 11.5pt; } h2 { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: bold; text-decoration: none; font-size: 9.5pt; } .s2 { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: normal; text-decoration: none; font-size: 8.5pt; } .s3 { color: black; font-family: Arial, sans-serif; font-style: italic; font-weight: normal; text-decoration: none; font-size: 8.5pt; } .s4 { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: bold; text-decoration: none; font-size: 8.5pt; } p { color: black; font-family: Arial, sans-serif; font-style: normal; font-weight: normal; text-decoration: none; font-size: 7.5pt; margin: 0pt; } table, tbody { vertical-align: top; overflow: visible; }

Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION
FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

First Day at Program/Home
Home Telephone Number