

# 2024-2025 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, please make sure each PIF has your Facility's name & Facility ID

**Facility's Name:** \_\_\_\_\_ **Facility ID:** \_\_\_\_\_

### For the parent/tutor/guardian ONLY:

**Please complete with ink, no electronic forms will be accepted.**

**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, INCLUDING PARENTS) LIVING AT THE RESIDENCE AND RELATIONSHIP TO CHILD LISTED ABOVE.**

\_\_\_\_\_  
Name  Mother  Father

\_\_\_\_\_  
Name  Mother  Father

\_\_\_\_\_  
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:

**First Day:** \_\_\_\_\_ **Last day:** \_\_\_\_\_