2026-2027 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 & Relationship to child

_____ Name & Relationship to child

_____ Name ☐ Mother ☐ Father

_____ 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:** _____

FY 26-27 Voucher Cutoff: 5/31/27