

**South Carolina Department of Social Services  
Child Care Licensing**

**FAMILY CHILD CARE HOME CONSUMER PARENT STATEMENT**

**Instructions:** This form should be completed by parent(s) whose child(ren) are enrolled in a registered family child care home. Additional forms should be completed when new children are enrolled in the facility. This form should be returned to the family child care home operator for submission to the Department of Social Services.

Child's Name	DOB	Age	Arrival	Departure	Days In Facility (M-TU-WED-TH-FRI)

**MY SIGNATURE ON THIS FORM VERIFIES THAT 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.**

This information has been provided to me/us by: \_\_\_\_\_

who operates the family child care home located at \_\_\_\_\_

Parent(s) Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_