

Previous Child Care Information for Newly Enrolling Children

Austin Public Health requires that this document be completed when children are being newly enrolled in care with a licensed, registered, or listed child care program located in the City of Austin to help mitigate the spread of COVID-19.

1. Has your child been in care in another child care program within the last two weeks?

- Yes
 No

2. If you answered yes to question 1, please provide:

Name of the program: _____

Program phone number: _____

3. If you answered yes to question 1, has there been a closure of your child's classroom or the entire child care program due to cases of COVID-19 within the last two weeks?

- Yes
 No

By signing and dating below, I verify that the above information is true and correct, and I give permission for the child care program in which I am enrolling my child/children to contact my child's/children's previous child care provider to obtain information regarding closure due to COVID-19.

Signature: _____ Date: _____