

**Steps To Quality Family Child Care Initiative
Provider Enrollment Summary/Demographic Survey**

Provider Name _____

Enrolled Child Name	Age/ Date of Birth	Race/ Ethnicity	Family Size	Income Level	Town of Residence	Entry Date	# hours in care weekly
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

KEY:

Race/Ethnicity **HL** (Hispanic Latino), **W** (white, not Hispanic or Latino), **AA** (Black or African American),
A (Asian), **PI** (Native Hawaiian or other Pacific Islander), **AI** (American Indian or Alaskan native)
Income Level: **P** (private pay) **W** (WFNJ) **N** (NJCK) **O** (Other subsidy) _____

Completed by: _____

Date: _____