

Provider's Name \_\_\_\_\_

**DUMAS WESLEY COMMUNITY CENTER  
FAMILY DAY CARE PROGRAM**

**October 1, 2021 – September 30, 2022**

**MASTER ROSTER OF ENROLLED CHILDREN**

NAME OF CHILD (PLEASE PRINT)	CHILD'S DATE OF BIRTH	DATE ENTERED	DATE WITHDRAWN

This institution is an equal opportunity provider and employer.