**DCF01d - Child Enumeration**

 *This form will register all of the caregiver's children at once.*

 Q0. What caregiver are you working with? *required*

 Q0a. How many children does this caregiver have? *required*

 Child registration

 Q1. First name of the child *required*

 Q2. Surname of the child *required*

 Q3. Sex of the child *required*

* Male
* Female

 Q3b. Is the child's date of birth known? *required*

* Yes
* No

 Q4. Date of birth of the child *required*

 Q5. How was the date of birth validated? *required*

* Health card
* Birth certificate
* Estimate using calendar of events

 Q6. How old is the child? *required*

* Less than 1 year old
* One year or older

 Q7. Estimated age of child in months *required*

 Q7a. Estimated age of child in years *required*

 Q7b. Estimated months *required*

 Q8. Is QR code available? *required*

* Yes
* No

 Q9. Child ID *required*

*Form completed. \*\*If eligible children in the household, please move on to section Child, form DCF02 - Child Treatment\*\**