



ENROLLMENT FORM must be completed by the parent or guardian

Effective Oct. 1, 2019 – Sept. 30, 2020

Provider's Name _____ Provider's Address _____

Please Print: Child/(ren)'s 1st day in care _____

CHECK: NEW enrollment for this family _____ OR UPDATED enrollment for this family _____

HOURS IN CARE	
Arrival Time	Departure Time

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Ethnicity/Race *	
Ethnicity	Race

*ETHNICITY (Select one and enter in chart above): H=Hispanic or Latino or N=Not Hispanic or Latino
 *RACE (Select one or more and enter in chart above): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or Other Pacific Islander

Will the child/(ren)'s schedule vary? IF YES, EXPLAIN, days, hours, etc. _____

If school age child, list hours in care when no school. _____

Does the child/(ren) live in the Providers home? Yes or No If yes, how is/are child/(ren) related? _____

USUAL DAYS (Circle)	Monday Tuesday	Wednesday Thursday	Friday Saturday	Sunday	MEALS (circle)	Breakfast Morning Snack	Lunch Afternoon Snack	Dinner Evening Snack

*If child is under 1 year of age:

Is your Provider offering to supply formula and solid foods (appropriately textured) to your infant? check YES _____ OR NO _____

What type/brand of formula is being offered by the provider? _____

Print Parent/Guardian First and Last Name _____
 Address _____
 City, State, Zip _____
 Email _____
 Work/Cell Phone# _____

REQUIRED INFORMATION: As parent/guardian, I verify these children are enrolled with provider above. I understand s/he participates in CACFP through The Family Conservancy. If my child is less than twelve months old, I understand s/he will be offered a complete, developmentally appropriate meal. I certify it is correct. I, THE PARENT/GUARDIAN, HAVE FILLED OUT THIS FORM SOLELY AND COMPLETELY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____ Enrollment expires 9/30/2020 OR last day in care.