

ENROLLMENT FORM must be completed by the parent or guardian

Effective Oct. 1, 2021 – Sept. 30, 2022

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 _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

Child's Name _____ Age _____ Date of Birth _____

HOURS IN CARE
Arrival - Departure
Time Time

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. _____

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
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***If child is under 1 year of age:**

Is your Provider offering to supply formula and solid foods (appropriately textured) to your infant? check formula _____ solid food _____ OR both _____

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 9/30/2022 OR last day in care.

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