

ENROLLMENT FORM must be completed by the parent or guardian

Effective Oct. 1, 2022 – Sept. 30, 2023

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

Provider's Address \_\_\_\_\_

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

HOURS IN CARE

Arrival - Departure Time Time

Table with 2 columns: Ethnicity, Race. Header: Ethnicity/Race\*. Rows for data entry.

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

Child's Name Age Date of Birth

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\*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?

Table with 9 columns: USUAL DAYS (Monday-Friday), MEALS (Breakfast, Lunch, Dinner), and Evening Snack.

\*If child is under 1 year of age:

FORMULA offered by child care provider: (must be iron- fortified & manufactured in USA)

- I accept above named formula for my infant.
I decline above named formula and will bring formula for my infant.(name)
I will provide breastmilk.

Parents accepts solid foods offered by provider: YES or NO

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 9/30/2023 OR last day in care.

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