

**Kibois Community Action Foundation, INC  
CHILD AND ADULT CARE FOOD PROGRAM(CACFP)  
ENROLLMENT FORM**

Providers Name: \_\_\_\_\_

<b>CHILDS INFORMATION</b>							
Child's Name:					Date of Birth:		
Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
School Age -- Hours Attended					A.M <input type="checkbox"/>	P.M <input type="checkbox"/>	All Day <input type="checkbox"/>
Special Dietary Needs(Attach signed medical statement)						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Normal Hours of attendance	a.m/p.m		to		a.m/p.m		
Normal Meals Eaten:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> A.M snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> P.M Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Late P.M Snack	
Signature of Parent/ Guardian:					Date		

\* I attest the above information is true and understand the sponsoring organization may contact me to verify it is correct

<b>PARENT'S INFORMATION</b>		
Phone #		
Name of Parent/ Guardian:		
Address	City	Zip