

ENROLLMENT FORM

Provider's Name: _____
 Provider Number: _____

CHILD'S INFORMATION								
1. Child's Name:				Date of Birth:				
2. 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
3. School Age—Hours Attend				A.M.	P.M.	All Day	NA	
4. Special Dietary Needs (Attach signed medical statement):							Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Normal Hours of Attendance:		a.m./p.m. to			a.m./p.m.			
6. Normal Meals Eaten:		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 <input type="checkbox"/>	
7. Race (Optional):				8. Ethnicity (Optional):				
<input type="checkbox"/> American Indian/Alaskan Native				<input type="checkbox"/> Hispanic				
<input type="checkbox"/> Asian				<input type="checkbox"/> Not Hispanic				
<input type="checkbox"/> Black or African								
<input type="checkbox"/> Hawaiian or Pacific Islander								
<input type="checkbox"/> White								
9. Signature of Parent/Guardian:						Date:		

PARENT'S INFORMATION		
Name of Parent/Guardian:		
Address:	City:	Zip:
Home Telephone Number:		

RENEWAL UPDATES

If there are no changes to the above information, sign and date. If there are changes, a new enrollment form must be completed, signed, and dated.

Parent/Guardian Signature	Date