

## 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. <b>Special Dietary Needs</b> (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