PROVIDER'S NAME (PRINT):

ENROLLMENT FORM

USE #2 PENCIL ONLY
DO NOT FOLD OR STAPLE

1. PROVIDER

2. CHILD'S BIRTHDATE

MO DAY YR

REENROLLMENT/UPDATE ◯

3. ENROLLMENT DATE

MO DAY YR

4. CHILD'S NUMBER

GROUP Use only if instructed.

5. CHILD'S NAME

FIRST NAME

M/I

LAST NAME

6. CHILD'S SCHEDULE

NORMAL TIMES IN CARE

		HOUR	MIN
EARLIEST DROP OFF TIME	AM / PM	1 2 3 4 5 6 / 7 8 9 10 11 12	00 15 / 30 45
LATEST PICK UP TIME	AM / PM	1 2 3 4 5 6 / 7 8 9 10 11 12	00 15 / 30 45

TIMES VARY ◯

DAYS IN CARE FILL IN ALL THAT APPLY

◯ MON ◯ TUES ◯ WED
◯ THURS ◯ FRI ◯ SAT
◯ SUN ◯ DAYS VARY

MEALS IN CARE FILL IN ALL THAT APPLY

◯ BREAKFAST ◯ PM SNACK
◯ AM SNACK ◯ DINNER
◯ LUNCH ◯ EV. SNACK

7. INFANTS

IS THE CHILD UNDER 1 YR. OLD? (Y)

YOU MUST COMPLETE THIS ENTIRE SECTION IF CHILD IS UNDER 1 YR. OLD

BRAND OF IRON-FORTIFIED INFANT FORMULA (IFIF) OFFERED BY PROVIDER: _____

LOW- OR NON-IRON-FORTIFIED INFANT FORMULA FROM PROVIDER OR PARENT REQUIRES A DOCTOR'S STATEMENT.

THE IFIF/BREASTMILK & FOOD OPTIONS HAVE BEEN EXPLAINED, PARENT HAS REVIEWED INFANT AND CACFP INFORMATION GIVEN ON THE BACK OF THIS FORM, AND THE PARENT HAS CHOSEN:

CHOOSE ONE IFIF/BREASTMILK OPTION

◯ PROVIDER SUPPLIES IFIF (PARENT ACCEPTS BRAND ABOVE)
◯ PARENT SUPPLIES BREASTMILK OR IFIF (WRITE IFIF BRAND OR BREASTMILK IN SPACE BELOW)

BRAND OF IRON-FORTIFIED INFANT FORMULA (IFIF) FROM PARENT OR WRITE BREASTMILK

CHOOSE ONE INFANT FOODS OPTION:

◯ PROVIDER SUPPLIES SUPPLEMENTAL FOODS WHEN DEVELOPMENTALLY APPROPRIATE
◯ PARENT SUPPLIES SUPPLEMENTAL FOODS & REFUSES THE PROVIDER'S FOODS.

SEE BACK OF FORM FOR MORE INFANT INFORMATION.

8. SCHOOL INFO

COMPLETE THIS SECTION IF YOUR CHILD ATTENDS ANY TYPE OF SCHOOL

SCHOOL TYPE PRESCHOOL INFO IS NOT NEEDED

◯ SCHOOL (Traditional) ◯ AM KINDERGARTEN
◯ HM SCHOOL ◯ PM KINDERGARTEN
◯ YR SCHOOL ◯ ALL DAY KINDERGARTEN
◯ AM HEADSTART ◯ ALL DAY HEADSTART
◯ PM HEADSTART ◯

TIMES IN SCHOOL

		HOUR	MIN
LEAVES FOR SCHOOL	AM / PM	1 2 3 4 5 6 / 7 8 9 10 11 12	00 15 / 30 45
RETURNS FROM SCHOOL	AM / PM	1 2 3 4 5 6 / 7 8 9 10 11 12	00 15 / 30 45

DAYS IN SCHOOL

◯ MON ◯ TUES ◯ WED ◯ THURS ◯ FRI

9. ETHNICITY

FILL IN ONE

◯ HISPANIC/LATINO ◯ NOT HISPANIC or LATINO

10. RACE

FILL IN ONE OR MORE

◯ AMERICAN INDIAN/ ALASKA NATIVE ◯ NATIVE HAWAIIAN/ PACIFIC ISLANDER
◯ ASIAN ◯ WHITE
◯ BLACK or AFRICAN AMERICAN

11. RELATION

FILL IN ONLY ONE
LEAVE BLANK IF DOESN'T APPLY

◯ PROVIDER'S OWN ◯ PROVIDER'S FOSTER CHILD
◯ HELPER'S OWN ◯ RELATED NON-RESIDENT

12. SPECIAL INFORMATION

FILL IN ALL THAT APPLY

DOCUMENTATION MAY BE REQUIRED

◯ SPECIAL DIET ◯ NON-PARTICIPATING
◯ SPECIAL NEEDS ◯ MIGRANT WORKER'S CHILD

Additional information may be written in the notes section on the back of this form

13. PAY SOURCE

USE ONLY IF INSTRUCTED
FILL IN ONLY ONE

◯ DHS/COUNTY ◯ PRIVATE ◯ NO PAY

14. PARENT PHONE

FILL IN ONLY ONE

AREA CODE ◯ HOME ◯ WORK

Parent/Guardian Name: (Please Print) _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent Email: _____

Parent/Guardian Signature: _____ Date: _____

Please note: by signing above you indicate that you have reviewed the information on the back of this form & the Building for the Future Information.

Cell Phone: _____

Other Phone: _____

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FORM NO. - 3007F 10/13