FOOD PROGRAM ENROLLMENT FORM

Facility Name_____

Please COMPLETE the following 7 items: (ALL 7 MUST BE COMPLETED)
Complete por favbor los siguietes 7 articulos

(1) FULL NAME OF CHILD / Nombre complete del nino:

_____

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES _____

(2) CHILD'S DATE OF BIRTH /Fecha de nacimiento: _____

(3)TIMES IN CARE /Las horas en cuidado:_____ TO_____ Example 6am to 5:30pm

(4) DAYS IN CARE /Los dias en cuidado: _____Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/
Las comidas sirvidas normalmente al nino mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EVENING SNACK
(Please circle meals)

(6) _____ **(7)** _____
Signature-Parent or Adult Household member **Today's enrollment date into Food Program**
Firma de un miembro adulto de la unidad familiar **Fecha**

(8) WITHDRAWAL DATE: _____

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