ENROLLMENT FORM

(To be completed only by Parent/Guardian)

Parents: Please fill in the following information on your child.

DHSS officials or a Sponsoring Organization representative may contact you to verify information.

In the operation of the Child Nutrition Programs, no child will be discriminated against on the basis of race, color, national origin, age, sex, or disability, and there is no discrimination in the course of the meal service. If you believe that you have been treated unfairly in receiving food services for any of these reasons, write immediately to USDA, DIR., Office of Civil Rights, 1400 Independence Ave., S.W. Washington, D.C. 20250-9410 or call (800)795-3272 (voice), or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.

Check all that apply

_____ American Indian/Alaskan Native
_____ Hispanic
_____ White (not of Hispanic origin)
_____ Asian/Pacific Islander
_____ Black
_____ Other: _____

Check all holidays your child may be in care.

___ New Years Day (January 1)
___ Martin Luther King Jr.'s Birthday (Jan)
___ President's Day (February)
___ Memorial Day (May)
___ Juneteeth (June)
___ Independence Day (July)
___ Labor Day (September)
___ Thanksgiving Day (Nov)
___ Christmas Day (Dec 25)

Please Print ***Date of Birth must be present in order to establish eligibility.***

Child's First Name	Middle Name	Last Name	Nickname (if any)	Sex	Date of Birth

***Does this child live in the home of the Child Care Provider? _____Yes _____ No** * Only the Child Care Provider may answer this question.

Is this child a relative of the provider? _____Yes _____No If yes, state the relationship:_____

Check the days your child usually attends daycare.
Show earliest arrival and latest departure time. Circle am or pm.

	Day	Arrives			Leaves		
_____	Monday	_____	AM	PM	_____	AM	PM
_____	Tuesday	_____	AM	PM	_____	AM	PM
_____	Wednesday	_____	AM	PM	_____	AM	PM
_____	Thursday	_____	AM	PM	_____	AM	PM
_____	Friday	_____	AM	PM	_____	AM	PM
_____	Saturday	_____	AM	PM	_____	AM	PM
_____	Sunday	_____	AM	PM	_____	AM	PM

Check when your child is in care at this childcare home.

Full Day Care _____
Half Day - Morning _____
Half Day - Afternoon _____
Before School Care _____
After School Care _____
Evening Care _____
Overnight Care _____

*If your child attends school, will they be in full day care when school is not in session? _____YES _____NO

Check the Meals your child will be given at this Child Care Home

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Write any comments, changes or variations in usual attendance in this section.

_____

_____ _____/_____

Date of Enrollment or Current Re-Enrollment Date — **Parent/Guardian Signature** — Printed Name

_____

Mailing Address (PO Box or Street) City State Zip

(_____)_____ (_____)_____

Home Telephone Work Telephone

Parents/Guardians – Your child's enrollment will expire one year from the date of enrollment. You will be required to fill out a new enrollment for your child at that time. *List the current date when re-enrolling.

_____/_____

Provider Name (Not Day Care Name) Provider Telephone #