

Child and Adult Care Food Program -- Child Enrollment Form

Enrollment Date: _____

Child _____ Address _____ _____ Birth date _____	Parent/Guardian _____ Address _____ _____ Telephone (home) _____ (work) _____
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Sponsoring Organization _____ Address _____ _____	Center/Home LES PETITS CHERUBS Address _____ _____
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Normal Hours of Care: (write in times*) *If more than 8 hours of care per day, please attach an explanation to this form.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____	Start: N/A End: _____	Start: N/A End: _____

Daily Expected Meal Service Participationz (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
X		X	X		X

Is this child of school age? Yes No If yes, will additional meals be provided when school is not in session? Yes No
 If yes, please specify the meal: Breakfast Lunch Snack Eve Snack

Household Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

Day	Evening	Time	Letter	Telephone:	(home)	(work)
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Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

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For Sponsor Use Only

Child withdrew on _____