Child and Adult Care Food Program Child Enrollment Form

Child								
Child				Pai	Parent/Guardian			
Address				_ Add	Address			
Birth date				Telephone (home)(work)				
Sponsoring O	rganization			Cer	iter/Home			
Address				Address				
+	•	•						
		(write in times		•				
Monday Start:	Tuesday Start:	Wednesday		hursday	Friday	Saturday	Sunday	
End:	End:	Start: End:	Star		Start: End:	Start: End:	Start:	
		, please attach an ex			i isila.	End;	End:	
Daily Expec		rvice Particij		please ch	eck box)			
Breakfast	AM Sn	ack L	unch	PM	Snack	Supper	Eve Snack	
orefer:	Day		tion. Pl		Time	and method of co	ontact you	
	т ;,							
	Letter	Telephone (home)		_Telephone	(work)		
SignatureParent/Guardian)		-	
	Parei	nt/Guardian".						
ignature)			
	Center Admini	strator/Home Prov	vider					
TS	14. T-d1 (and U.S. Departe	nent of Ag origin, se	x, age or disa	bility. (Not all p	tion is prohibited fro prohibited bases app	om ly to all	
uscriminating on programs). " To file a compla independence Ave	the basis of race int of discrimina enue, SW, Washi	ation, write USDA ington, DC 20250	l, Director -9410 or	r, Office of C call (202) 720	ivil Rights, Roo 9-5964 (voice ar	m 326-W; Whitten I ad TDD). USDA is c	Ruilding 1100	
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Child withdrew on ___