

# Child Care Food Program Enrollment Form

Blessings From Above Child Care Center #1

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ WITHDRAW DATE: \_\_\_\_\_

DAYS IN CARE: (SELECT ALL THAT APPLY)

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

HOURS IN CARE (BASED IN A NORMAL/TYPICAL SCHEDULE)

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

## MEALS SERVED BY CHILD CARE CENTER TO CHILD IN CARE

(SHADING INDICATES MEALS THAT ARE SERVED)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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