

FY 2007 ENROLLMENT FORM

Provider Name: _____

(please print legibly)

ORIGINAL, SIGNED ENROLLMENT FORMS MUST BE RETURNED TO DCMI FOR EACH ENROLLED CHILD. ALL INFORMATION MUST BE COMPLETE. COPIES ARE NOT ACCEPTABLE. PARENT FILLS OUT AND SIGNS THE FOLLOWING:

Name of Child: _____

Last Name, First Name (please print legibly)

Birthdate: _____ Grade: _____

(be sure to list correct year!)

Is this child a near relative of the provider/license holder? Please circle one: YES NO

In the chart below, please indicate the normal days and hours your child is in care and the meals received while in care.

SCHOOL YEAR - If child's attendance changes for the summer, please fill out back.	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
Please check (X) the days your child is normally in care.							
Please enter the normal hours your child is in care (e.g. 7:30 am - 5 pm)							
Please check (X) the meals your child normally receives while in care.	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____	Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Night Snack _____

THIS INFORMATION IS REQUIRED BY CACFP FEDERAL REGULATIONS AT §226.15(e)(2) AND (3) FOR EACH ENROLLED PARTICIPANT AND MUST BE UPDATED ANNUALLY.

Signature of Parent or Guardian: _____ Date: _____

(please date for January of 2007!)

Printed Name of Parent or Guardian: _____ Phone Number: _____

Complete Mailing Address including Zip Code: _____

