



Child Care Food Program Enrollment Form

Site Name: _____

All Children in Household

Name	Date of Birth	Normal Hours	Check the Normal Days of Care / Meals* that the Child Normally Receives while in Care each Day: *B = Breakfast A = AM Snack L = Lunch P = PM Snack S = Supper E = Evening Snack						
		to	Mon ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Tues ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Weds ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Thurs ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Fri ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sat ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E	Sun ☐ B ☐ A ☐ L ☐ P ☐ S ☐ E

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Effective: _____ to _____ Sponsoring Organization Signature: _____

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