

ENROLLMENT FORM

(To be completed only by Parent/Guardian)

Parents: Please fill in the following information on your child. Department of Health and Senior Services officials or a Sponsoring Organization representative may contact you to verify information.

In the operation of the Child Nutrition Programs, no child will be discriminated against on the basis of race, color, national origin, age, sex or handicap. If you feel you have been discriminated against, write immediately to the Secretary of Agriculture, Washington DC, 20250.

- _____ American Indian/Alaskan Native
- _____ Hispanic
- _____ White (not of Hispanic origin)
- _____ Asian/Pacific Islander
- _____ Black
- _____ Other: _____

Will your child be in care on any of the following holidays? yes n o
(if yes, mark all that apply)

<input type="checkbox"/> New Years Day (January 1)	<input type="checkbox"/> Independence Day (July)
<input type="checkbox"/> Martin Luther King's Birthday (Jan)	<input type="checkbox"/> Labor Day (September)
<input type="checkbox"/> President's Day (February)	<input type="checkbox"/> Thanksgiving Day (Nov)
<input type="checkbox"/> Memorial Day (May)	<input type="checkbox"/> Christmas Day (Dec 25)

Please Print

Child's First Name	Middle Name	Last Name	Nickname (if any)	Sex	Date of Birth

Date of Birth must be present in order to establish eligibility.

Is this **child** related to the **Child Care Provider**? Yes No How? _____ **MDOH State related care form must be attached.**

***Check the days your child usually attends daycare. Show usual arrival (1st line) and usual departure time (2nd line). Circle am or pm.**

Day	Arrives	AM	PM	Leaves	AM	PM
_____ Monday	_____	AM	PM	_____	AM	PM
_____ Tuesday	_____	AM	PM	_____	AM	PM
_____ Wednesday	_____	AM	PM	_____	AM	PM
_____ Thursday	_____	AM	PM	_____	AM	PM
_____ Friday	_____	AM	PM	_____	AM	PM
_____ Saturday	_____	AM	PM	_____	AM	PM
_____ Sunday	_____	AM	PM	_____	AM	PM

Check when your child is in care at this child care home.

- Full Day Care Half Day-Morning Half Day-Afternoon
- Before School Care After School Care Both
- Evening Care Overnight Care

If your child attends school, will your child be in full day care when school is not in session? YES

***Must have actual times shown – may not show varies or drop-in, etc.**

Check all the Meals your child will be given at this Child Care Home

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Write any comments, changes or variations in usual attendance in this section.

 Date of Enrollment or
 *Current Re-enrollment Date

 Parent/Guardian Signature

 Printed Name

 Mailing Address (PO Box or Street)

 City

 State

 Zip

(_____) _____
 Home Telephone

(_____) _____
 Work Telephone

***Parents-** Your child's enrollment will expire one year from date of enrollment. You will need to fill out a new enrollment for your child at that time. **Show current date when re-enrolling.**

Provider Name (Not Day Care Name)

Provider Telephone

Child Care Food Program
 1531 E Sunshine E-1
 Springfield, MO 65804
 417.865.8427 – 800.818.6812
 Fax- 417.865.6437

Please Make a Copy For Yourself – Send the ORIGINAL to CCFP