

*Hummingbird Child & Adult Nutrition*

# Enrollment Form

Day Care Center Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Your day care provider participates in the Child and Adult Day Care Food Program. Your child will be given a nutritious meal which promotes good eating habits while in the provider's center. Please complete this form to enroll your child(ren). Center cannot claim meals for child/children without a complete and accurate enrollment form.

(Please Print)

<b>Enrollment Date</b>	<b>Child's First Name</b>	<b>MI</b>	<b>Child's Last Name</b>	<b>DOB: M/D/Y</b>	<b>Normal Days and Hours In Care</b>	<b>Normal Meals/ Snacks Served</b>
Withdrawal Date: _____					<b>Days:</b> (check) <b>M T W T F S S</b> <b>Hours:</b> _____ to _____	<b>Meal/ Snacks:</b> (check) <b>B AM L PM S E</b>
Withdrawal Date: _____					<b>Days:</b> (check) <b>M T W T F S S</b> <b>Hours:</b> _____ to _____	<b>Meal/ Snacks:</b> (check) <b>B AM L PM S E</b>
Withdrawal Date: _____					<b>Days:</b> (check) <b>M T W T F S S</b> <b>Hours:</b> _____ to _____	<b>Meal/ Snacks:</b> (check) <b>B AM L PM S E</b>

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I hereby certify the information given on this sheet is true and correct to the best of my knowledge.

I also certify that I given the CACFP Meal Benefit Income Eligibility Form Letter to Households (Child Care Center), grievance procedures, Form HI625A the WIC information and the Building for the Future Flyers.

**Signature of Parent** \_\_\_\_\_

**Date:** \_\_\_\_\_