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4Cs Food Program Child Enrollment Form

PROVIDER _____

CHILD INFO (Please print)

CHILD'S NAME _____ DATE OF BIRTH ____/____/____ AGE _____
MM DD YYYY

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO PROVIDER Not Related Related, Non-resident Helper's Child Own Child Provider Foster Child

ETHNICITY Hispanic/ Latino Not Hispanic or Latino

RACE American Indian Asian African American Pacific Islander/Native Hawaiian White / Not Indicated

ENROLLMENT DATE ____/____/____ (Enrollment date and signature date should be the same)
MM DD YYYY

PARENT NFO

FIRST NAME _____ LAST NAME _____

HOME PHONE () _____ WORK () _____ CELL () _____

SCHEDULE OF MEALS INFO

		DAYS		MEALS	
DROP OFF _____	PICK UP _____	Mon Tues Wed	Thur Fri	Breakfast AM Snack Lunch	PM Snack Dinner
TIMES VARY _____	DAYS VARY _____				
SCHOOL INFO	School-age Kindergarten Home school Year-round school			SCHOOL HOURS _____	

SPECIAL INFO

FOOD ALLERGIES (If any, Physician's Statement **must be attached**) _____

SPECIAL NEEDS CHILD? (IF YES, signed Medical Statement and/or IEP **must be attached**) YES NO

FORMULA Parent supplies breast milk or formula **FOOD** Parent supplies additional foods and refused provider's foods
 Parent accepts provider -supplied formula Provider supplies additional foods when developmentally appropriate

I understand my child will receive meals at no extra charge to me when he/she is in attendance during any of the scheduled meal services. I also understand that the child care facility cannot and will not discriminate for reasons of race, color, national origin, age, sex or disability.

PARENT SIGNATURE _____ DATE ____/____/____
MM DD YYYY

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