

# 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)*

\_\_\_\_\_ New Years Day (January 1) \_\_\_\_\_ Independence Day (July)  
\_\_\_\_\_ Martin Luther King's Birthday (Jan) \_\_\_\_\_ Labor Day (September)  
\_\_\_\_\_ President's Day (February) \_\_\_\_\_ Thanksgiving Day (Nov)  
\_\_\_\_\_ Memorial Day (May) \_\_\_\_\_ 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 (1<sup>st</sup> line) and usual departure time (2<sup>nd</sup> line). Circle am or pm.**

Day	Arrives	Leaves
_____ 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 \_\_\_\_\_ NO

**Check 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 / Parent/Guardian Signature / Printed Name

\_\_\_\_\_  
Mailing Address (PO Box or Street) City State Zip

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Work Telephone

**Do not sign below at the time of initial enrollment- you will be asked to update this at a later date.**

**Annual Update:** The parent or guardian signing this form certifies that the enrollment information is correct. If information has changed, the parent or guardian has written the appropriate changes on the form and initialed the change. If there are many changes, please complete a new form.

\_\_\_\_\_  
First Annual Update / Parent Signature / Date


Provider Name (Not Day Care Name) / Provider Telephone

**Child Care Food Program**  
1531 E Sunshine E-1  
417.865.8427 – 800.818.6812  
Fax- 417.865.6437

**Send Original To CCFP – Please Make A Copy For Your Records**