Child and Adult Care Food Program Child Enrollment Form

Enrollment Date	•	<u> </u>					9	
Child		Par	ent/Guard					
Child Address				ress				
71dd(035		7140	Address					
Birth date				Telephone (home)(work)				
· Ka ·								
Sponsoring Orga	nization Jen	Cen	ter/Home					
Sponsoring Organization — Jerusalem Child Care Oenter and Preschool				ress				
SOS DOCK 201880								
Sonuyikili Haven, PA 17972								
Normal Hours of Care (write in times)*								
Monday	onday Tuesday V		Thu	ırsday Friday		Saturday		Sunday
Start:	Start:	Start:	Start:		Start:	Sta	rt:	Start:
End:	End:	End:	End:		End:	Enc	1:	End:
* If more than 8 hours of care per day, please attach an explanation to this form. Daily Expected Meal Service Participation (please check box)								
Breakfast AM Snac		k Lunc	h	PM	Snack	Sup	per	Eve Snack
Is this child of school age?YesNo If yes, will additional meals be provided when school is not in session?YesNo If yes, please specify the meal:BreakfastLunchSnackSupper Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer: Day Evening Time								
LetterTelephone (home)				Telephone (work)				
Signature Parent/Guardian				2				
Signature	Center Administrator/	Date	·					
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Child withdrew on								