

ENROLLMENT WORKSHEET

Comprehensive Child Development

2045 San Gabriel Ave.

Long Beach

CA 908100000

Provider Name: _____

Provider Number: _____

CHILD INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Enrollment Date: ____/____/____

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Home Phone: (____) ____-____ Work Phone: (____) ____-____

Email: _____ Over Night Stay Approved: Yes No

FORMULA OPTION:

FOOD OPTION:

PAYMENT SOURCE:

Parent Supplies Breast Milk or Formula
 Parent Accepts Provider-Supplied Formula
Name of Parent Formula: _____

Parent Supplies Additional Food and Refuses Provider's Foods
 Provider Supplies Additional Foods When Developmentally Appropriate

Private/No Pay
 DHS/County

SCHOOL INFO:

ETHNICITY:

RACE:

School Age AM Kindergarten AM Headstart Hispanic/Latino American Indian / Alaska Native
 Home School PM Kindergarten PM Headstart Not Hispanic or Latino Asian
 All Year School All Day Kindergarten All Day Headstart Black or African American
 Native Hawaiian / Pacific Islander
 White

School Name: _____

School Number: _____ School District: _____

School Depart Time: _____ : _____ AM / PM Return Time: _____ : _____ AM / PM

Days Attending School: MON TUE WED THU FRI

CHILD ATTENDANCE:

I anticipate the Days my child will participate will be: MON TUE WED THU FRI SAT SUN Days will vary

Drop Off Time _____ : _____ AM / PM Pick Up Time _____ : _____ AM / PM _____ Times will vary

I anticipate the Meals my child will participate will be: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

Parent/Guardian Signature: _____ Date: _____

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