|  |  |
| --- | --- |
| Infant and Child Nutrition, Inc  1948 NE 28th Street  Ocala, FL 34470  (352) 732-0744  (352) 732-2567  Infantandchildnutrition.org | **CHILD CARE FOOD PROGRAM**  **ENROLLMENT FORM** |

**DAYCARE PROVIDER’S NAME:**

# Student Information:

**FIRST LAST**

Original **Date of Enrollment**: / /

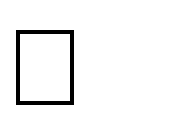
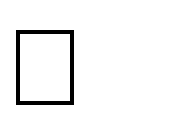
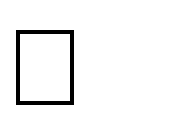
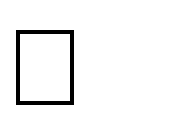
**Month Day Year Child’s** Date of Birth: Sex:

Child’s Full Name:

Last First Middle Child's Address:

City: State: Florida ZIP:

|  |  |  |
| --- | --- | --- |
| Primary Hours of Care:  Days of Week in Care: | From To  Monday Tuesday Wednesday Thursday Friday | Saturday Sunday |
| Meals Typically Served: | Breakfast AM Snack Lunch PM Snack | Supper |
| **FAMILY Information**: |  |  |

Mother/Guardian: Father/Guardian: Address: Address: Home Phone: Home Phone:

Alternate Phone: \_\_\_\_\_\_\_Alternate Phone: \_\_\_\_\_\_\_\_

Custody: Mother

Father

Both

Other

By signing below, you verify that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Updated Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Updated Date