



Infant and Child Nutrition, Inc
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 Ocala, FL 34470
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 infantandchildnutrition.org

CHILD CARE FOOD PROGRAM ENROLLMENT FORM

DAYCARE PROVIDER'S NAME:

Student Information:

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: From _____ To _____

Days of Week in Care: 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