



2023

CHILD CARE FOOD PROGRAM
ENROLLMENT FORM

DAY CARE PROVIDER'S FIRST AND LAST NAME:

FIRST LAST

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 6 am To 8 pm

Days of the Week in Care: Monday Tuesday Wednesday Thursday Friday

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/GAURDIAN

MONTH / DAY / 2023 YEAR