



FP Assistance

Feeding the Future

Food Program Enrollment Form

Center Name: _____ CODE: _____

Child's Name: _____ Date of Birth: _____

Admission date: _____ Withdrawal Date: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities (optional)

Ethnicity (choose one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race: (choose one or more racial identities):

- Asian
- American Indian or Alaska Native
- White
- Native Hawaiian or Other Pacific Islander
- Black or African American

Parent Signature

Date of Signature

(____) _____ - _____
Day Time Phone Number

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