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:

_____
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_____To _____

Days of Week in Care: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday

Meals Typically Served: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

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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