

Sun Bright Childcare CACFP Child Enrollment Form

REQUIRED: ⇨ *Signature _____ *Date _____
Parent/Guardian

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Center Administrator/Home Provider

Normal Hours of Care (Write in times)

Monday - Friday Drop off: _____ Pick Up: _____

Saturday Drop Off: _____ Pick Up: _____ Sunday Drop Off: _____ Pick Up: _____

*** DO NOT LEAVE BLANK! Daily expected Meal service participation
(Please check box regardless of age- Do not leave blank!)**

Breakfast **AM Snack** **Lunch** **PM Snack** **Supper** **Eve Snack**

Is this child of school ages? ___ Yes ___ No If yes, will additional meals be provided by parents when school is not in session? ___ Yes ___ No
If yes, please specify the meal: __Breakfast __Lunch __Supper

Child's First Name: Child's Last Name: Child's Date of Birth

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Child's First Name: Child's Last Name: Child's Date of Birth

Child's First Name: Child's Last Name: Child's Date of Birth

Address City State Zip code

Parent/Guardian:

E-mail

Telephone (home) Telephone (work)
