

My Childcare Academy

Child Enrollment

Office Use Only
Child Number _____
Classroom _____

Parent/Guardians name _____ Phone Number _____

Address _____ City _____ ZIP _____

Work Organization _____ Business / Other Contact Phone _____

PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN)

Enrolled Child's Full Name (Nickname)	Birth Date	Gender	Times-Arrival & Departure	Usual Days in Care	Usual Meals Child will be served	*Ethnic Code of Child
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/P M to _____ AM/P M	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/P M to _____ AM/P M	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/P M to _____ AM/P M	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/P M to _____ AM/P M	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	
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		<input type="checkbox"/> M <input type="checkbox"/> F	_____ AM/P M to _____ AM/P M	<input type="checkbox"/> Sun. <input type="checkbox"/> Wed. <input type="checkbox"/> Sat <input type="checkbox"/> Mon. <input type="checkbox"/> Thur. <input type="checkbox"/> Tues. <input type="checkbox"/> Fri.	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk <input type="checkbox"/> AM Snk <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snk	

Infants: If child is under age 1 this section must be completed.

- Parent accepts the provider's formula (or parent will supply breast milk) and parent accepts the provider's food.
- Parent will supply the formula but accepts the provider's additional foods.
- Parent supplies all formula and food and refuses the providers food.

* OPTIONAL You do not have to fill this section out under Title IV of the Civil Rights Act. Please note the appropriate code.

AI = American Indian/Alaskan Native **AS** = Asian **PA** = Pacific Islander **BL** = Black, not Hispanic origin **HI** = Hispanic or Latino **WH** = White, not Hispanic origin

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Are the school age children on year-round school? YES NO If yes, year-round track (A-D, or Single) _____

School District and School that school age child(ren) attend _____

Does the child have any special dietary needs? YES NO

If so, please specify (attach a note from a medical authority describing the dietary need) _____

Does the provider need to accommodate for any disabilities that a child might have? YES NO

If yes, please explain (attach a note from a medical doctor describing the disability) _____

I certify that the information is true and correct in all respects. I understand that my child(ren) will receive meal(s) at no cost to me without regard to race, color, national origin, age, sex, or disability and that I will be contacted by Alliance for Children and/or representative to confirm the above enrollment information and attendance of my child(ren).

Parent (Guardian) Signature

Enrollment Date