



# FP Assistance

Feeding the Future

## Enrollment Form

Center Name: \_\_\_\_\_ Site Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Classroom: \_\_\_\_\_

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

**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**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

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