



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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