

Hummingbird Child & Adult Nutrition

Enrollment Form

Day Care Center Name: _____

Phone Number: **(956)** _____

Your day care provider participates in the Child and Adult Day Care Food Program. Your child will be given a nutritious meal which promotes good eating habits while in the provider's center. Please complete this form to enroll your child(ren). Center cannot claim meals for child/children without a complete and accurate enrollment form.

(Please Print)

Enrollment Date	Child's First Name	MI	Child's Last Name	DOB: M/D/Y	Normal Days and Hours In Care	Normal Meals/ Snacks Served
Withdrawal Date: _____					Days: (circle) M T W T F S S Hours: _____ to _____	Meal/ Snacks: (circle) B AM L PM S E
Withdrawal Date: _____					Days: (circle) M T W T F S S Hours: _____ to _____	Meal/ Snacks: (circle) B AM L PM S E
Withdrawal Date: _____					Days: (circle) M T W T F S S Hours: _____ to _____	Meal/ Snacks: (circle) B AM L PM S E

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I hereby certify the information given on this sheet is true and correct to the best of my knowledge.

I also certify that I given the CACFP Meal Benefit Income Eligibility Form Letter to Households (Child Care Center), grievance procedures, Form HI625A the WIC information and the Building for the Future Flyers.

Signature of Parent _____

Date: _____