

ENROLLMENT STATEMENT
Child and Adult Care Food Program

This is verify that: _____ (Child's Name) _____ DOB: _____

is enrolled at the child care facility listed below: Effective Date of enrollment: _____

Name of Sponsoring Organization: _____

Name of Child Care Facility/Provider's Name: St. Alban's Early Childhood Center

Address of Facility: 3001 Wisconsin Ave. N.W.

City/State/Zip Code: WASHINGTON D.C. 20016

Dietary Restrictions: Yes () No () if yes, What are they? _____

Days of Enrollment:

Sunday () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday ()

Meals Normally Eaten:

Breakfast () AM Snack () Lunch () PM Snack () Supper ()

List the child's normal hours in care. (arrival and departure times) From: _____ To: _____

If school age: From: _____ To: _____ and From: _____ To: _____

Parent Name: _____ Home Phone#: _____ Work Phone #: _____

Home Address: _____

Signature of Parent or Guardian: _____ Date: _____

FOR CHILD CARE FACILITY USE ONLY:

Date Child Withdrawn: _____