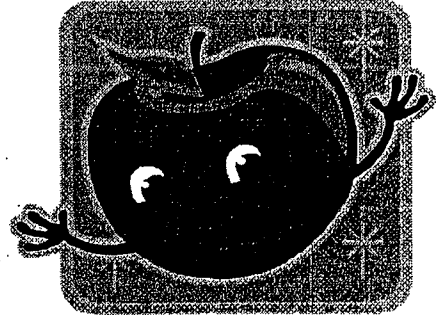


# FOOD PROGRAM ENROLLMENT FORM

Facility Name: Big Dreams & Lil' Wonders #1



**Please COMPLETE the following 8 items:**  
Complete por favor los siguientes 8 artículos

(1) FULL NAME OF CHILD/Nombre completo del niño:

\_\_\_\_\_

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES \_\_\_\_\_

(2) CHILD'S DATE OF BIRTH/Fecha de nacimiento: \_\_\_\_\_

(3) ENROLLMENT DATE/Día Enrolado: \_\_\_\_\_

(4) TIMES IN CARE/Las horas en cuidado: \_\_\_\_\_ TO \_\_\_\_\_ (EXAMPLE 6 AM TO 5:30 PM)

(5) DAYS IN CARE/Los días en cuidado: Mon Tues Wed Thur Fri Sat Sun (Please circle applicable days)

(6) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/

Las comidas servidas normalmente al niño mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EV SNACK  
(Please Circle Meals)

(7) \_\_\_\_\_  
Signature—Parent or Adult Household Member  
Firma de un miembro adulto de la unidad familiar

(8) \_\_\_\_\_  
DATE OF SIGNATURE  
Fecha

FOR OFFICE USE ONLY (SOLO PARA EL USO DE LA AGENCIA):

WITHDRAWAL DATE: \_\_\_\_\_ RACE: \_\_\_\_\_

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