ENROLLMENT FORM CHILD AND ADULT CARE FOOD PROGRAM Adult

Name of Participant(s)		Date of Birth	
Name of Parent/Guardian And/or Client:			
Home Address:			
Home #:	Cell #:	Work #:	
What are the days the participaMondayTuesday What are the hours the particip (example —7:30 am. to 4:00 p What meals is the participant sBreakfastAM Snack Do you supply any food to the	WednesdayThursday pant regularly spends at the center om.) served while at the center?LunchPM SnackSupp	_FridaySaturdaySunday ?am/pm toam/pm erLate Night Snack due to medical or religious reasons? If Yes , please	e list food
Parent/Guardian and/or Clie		Date	
Determining Official Signatu	re Date	Participant's Date of Enrollment	