

ENROLLMENT WORKSHEET

City of Seattle CCNP

PO Box 34215

Seattle

WA 981244215

CHILD INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____ / ____ / ____ Enrollment Date: ____ / ____ / ____ Sex: ____ Male ____ Female

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ____ Male ____ Female Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Email: _____

WORK SCHEDULE:

Do Not Work Typical 9 to 5 Night Shift Work Schedule Varies

FORMULA OPTION:

FOOD OPTION:

Parent Supplies Breast Milk or Formula

Parent Supplies Additional Food and Refuses Provider's Foods

Parent Accepts Provider-Supplied Formula

Provider Supplies Additional Foods When Developmentally Appropriate

Name of Parent Formula: _____

SCHOOL INFO:

ETHNICITY:

RACE:

School Age AM Kindergarten AM Headstart Hispanic/Latino American Indian / Alaska Native
 Home School PM Kindergarten PM Headstart Not Hispanic or Latino Asian
 All Year School All Day Kindergarten All Day Headstart Black or African American Native Hawaiian / Pacific Islander
 Native Hawaiian / Pacific Islander White

School Name: _____

School Number: _____ School District: _____

School Depart Time: ____ : ____ AM / PM Return Time: ____ : ____ AM / PM

Days Attending School: ____ MON ____ TUE ____ WED ____ THU ____ FRI

CHILD ATTENDANCE:

I anticipate the Days my child will participate will be: ____ MON ____ TUE ____ WED ____ THU ____ FRI ____ SAT ____ SUN ____ Days will vary

Drop Off Time: ____ : ____ AM / PM Pick Up Time: ____ : ____ AM / PM Times will vary

I anticipate the Meals my child will participate will be: ____ Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Dinner ____ Evening Snack

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- FOR PROVIDER USE -**RELATIONSHIP TO PROVIDER**Special needs Child Yes No Child will participate in CACFP Yes

Not related

Special diet

 Yes No

Child Number: _____

Related, non-resident

If special diet, explain

Child Group: _____

Own Child

Helper's Child

Foster Child

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