

CENTER NAME

PROGRAM YEAR

HCHK FOOD PROGRAM ENROLLMENT FORM

For Parents to Complete

Child's Name _____ Date of Birth _____

Child's Home Address _____ Child's Home Phone _____

Mother/Guardian Name _____ Home Phone _____

Mother's/Guardian's Work Place and Address _____

_____ Work Phone _____

Father's Name _____ Home Phone _____

Father's Work Place and Address _____

_____ Work Phone _____

Hours of Care Needed _____ Days Needed: M ___ T ___ W ___ T ___ F ___ (Weekend if opened) _____

Meals Needed: Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___ Supper

Special Needs of Child _____

Medical Information (Allergies, Sickness) _____

NAMES OF TWO OTHER PERSONS WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

PHONE # _____

PHONE # _____

Parent/Guardian Signature _____ Date Signed _____

For Center to Complete

Enrollment Date _____

Withdrawal Date _____