

CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution: Franklin Township Community School Corp. Sponsor ID Number: 5310

Name of Facility: **Wanamaker Early Learning Center**

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (√) the meals your child normally receives while in care.	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___	Breakfast___ AM snack___ Lunch___ PM snack___ Supper___ Night snack___
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (√) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<p><u>Infant Formula</u> This facility will provide the following iron-fortified infant formula: <u>Comforts Advantage Milk Based Infant Formula Powder with Iron</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____</p>
<p><u>Infant Meals and Snacks</u> Check here to accept: <input type="checkbox"/> Check here to decline: <input type="checkbox"/></p>

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____

This institution is an equal opportunity provider.