

ENROLLMENT WORKSHEET CHILD LANE
 2491 Pacific Ave Suite 2
 Long Beach CA 90806

Provider Name: _____ Provider Number: _____

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: _____ Over Night Stay Approved: ____ Yes ____ No

FORMULA OPTION:

FOOD OPTION:

PAYMENT SOURCE:

____ Parent Supplies Breast Milk or Formula ____ Parent Supplies Additional Food and Refuses Provider's Foods ____ Private/No Pay
 ____ Parent Accepts Provider-Supplied Formula ____ Provider Supplies Additional Foods When Developmentally Appropriate ____ DHS/County

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
				____ 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

Parent/Guardian Signature: _____ Date: _____

State Agency Contact Info: California Dept of Educ, Nutrition Services Division, 1430 N Street, Sacramento, CA 95814, 800-952-5609

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CHILD LANE

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Long Beach

CA 90806

- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

____ Not related

____ Related, non-resident

____ Own Child

____ Helper's Child

____ Foster Child

Special needs Child

____ Yes

____ No

Special diet

____ Yes

____ No

If special diet, explain

Child will participate in CACFP

____ Yes

Child Number: _____

Child Group: _____

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