

This Center participates in the Child and Adult Care Food Program and provides meals to all children enrolled in this Center regardless of race, color, national origin, sex, age, disability, religion, or political belief.

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## Food Program Enrollment Form

Sponsor Name: **FP Assistance - (866) 454-3663**

Center Name: \_\_\_\_\_ CODE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Admission date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

1. Circle the days that your child will normally attend the Center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the Center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the Center:

\_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date of Signature

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Time Phone Number

Please take the time to complete the attached 1531 form. The information will be kept confidential at the Sponsors Office.

Thank you,  
FP Assistance

F R P