

Maryland State Department of Education  
 School and Community Nutrition Programs Branch

CHILD CARE ENROLLMENT FORM

Name of Child Care Center: \_\_\_\_\_

Child(ren):	<u>Circle Days In Care</u>	<u>Circle Meals Served</u>
Name: _____	M T W TH F SA S	B AM L PM S Snack Snack
Name: _____	M T W TH F SA S	B AM L PM S Snack Snack
Name: _____	M T W TH F SA S	B AM L PM S Snack Snack
Name: _____	M T W TH F SA S	B AM L PM S Snack Snack

Address of Parent/Guardian: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

_____	_____
Printed Name of Parent/Guardian	Signature
_____	
Date Signed	

In accordance with federal law and U.S. Department of Agriculture policy, State law, and the Maryland State Department of Education policy, discrimination is prohibited on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

\*ANNUAL UPDATES: \_\_\_\_\_ (Initials/Date) \_\_\_\_\_ (Initials/Date) \_\_\_\_\_ (Initials/Date) \_\_\_\_\_ (Initials/Date)

\*Note: This information must be updated annually. If there are no changes to report, have the parent/guardian initial and date above. If there are changes to report, a new form must be completed.