

Please do

ENROLLMENT UPDATE

not staple. *Use this form **ONLY** for **CHANGES** in your enrollment. Send with meal records.

PAYMENT VALID ONLY FOR ENROLLED CHILDREN

Today's Date: _____

Provider's Name: _____

Changes in meal service times: Meal(s) _____

PLEASE ADD:

Provider I.D.#: _____

Time(s) _____

Child's Name	Birth-date Mo/Dy/Yr	Parent Name(s) Phone Number	Hours in care	Child's Schedule*		
				Days in Care	Meals Claimed	Start Date

PLEASE DROP:

Child's Name	End Date	
		* Child's Schedule - use this code. * Days in Care = M, T, W, Th, F, S, SUN * Meals Claimed = B (Breakfast); A.M. (Snack); L (Lunch); P.M. (Snack); D (Dinner); EV (Evening Snack)