

ENROLLMENT WORKSHEET

Alabama Council on Human Relations, Inc.

111 conecuh street

auburn, AL 368300000

Provider Name: _____ Provider Number: _____

CHILD INFO:

First Name: _____ Mt: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ___/___/___ Enrollment Date: ___/___/___ Sex: ___ Male ___ Female

PARENT INFO:

First Name: _____ Mt: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ___ Male ___ Female Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email: _____ Over Night Stay Approved: ___ Yes ___ No

WORK SCHEDULE

___ Do Not Work ___ Typical 9 to 5 ___ Night Shift ___ Work Schedule Varies

FORMULA OPTION:

FOOD OPTION:

PAYMENT SOURCE:

___ Parent Supplies Breast Milk of Formula ___ Parent Supplies Additional Food and Refuses Provider's Foods ___ Private/No Pa

___ Parent Accepts Provider-Supplied Formula ___ Provider Supplies Additional Food when Developmentally Appropriate ___ DHS/Country

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 ___ Asian

___ All Year School ___ All Day Kindergarten ___ All Day Headstart ___ or Latino ___ Black or African American

___ Native Hawaiian / Pacific Islander

___ White

School Name: _____

School Number: _____ School District: _____

School Depart Time: _____ : _____ AM / PM Return Time: _____ : _____ AM / PM

Day 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 Time 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:

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