

**VIRGIN ISLANDS DEPARTMENT OF EDUCATION
SPECIAL NUTRITION PROGRAMS
CACFP CHILD CARE CENTER
ENROLLMENT FORM**

X _____ Age or DOB _____ is enrolled at:
Name of Child

Name of Center

Address of Center

Starting on _____
(Month/Day/Year)

Normal Days In Child Care: **M T W TH F SAT SUN** (circle all that apply)

Normal Hours in Care: from _____ to _____

Normal Meals Expected to be Served Daily: **Breakfast** _____ **AM Snack** _____

Lunch _____ **PM Snack** _____ **Dinner** _____ (check all that apply)

Please explain any unusual circumstances related to child's attendance at center:

X Signature: _____ X Date: _____
(Parent/Guardian)

Optional fields for parent/guardian:

X Address _____ X Telephone No. _____

You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities: [] Hispanic or Latino [] Not Hispanic or Latino

Please mark one or more of the following racial identities: [] American Indian or Alaska Native
[] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander
[] White

For Center Use Only:

Participant Withdrew on _____
(Date)

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5408 S. DICKINSON DRIVE
CHICAGO, ILL. 60637

TO: _____

FROM: _____

SUBJECT: _____

RE: _____

DATE: _____

TIME: _____

PLACE: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____

BY: _____

FOR: _____