

# Food Program Enrollment Form

Facility Name: **KIDS R KIDS Rosenberg**

Please COMPLETE the following 7 items: (ALL 7 MUST BE COMPLETED)  
*Completar por favor los siguientes 7 articulos*

(1) FULL NAME OF CHILD/ *Nombre completo del niño*:

\_\_\_\_\_

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES

\_\_\_\_\_

(2) CHILD'S DATE OF BIRTH/ *Fecha de nacimiento*

\_\_\_\_\_

(3) TIMES IN CARE/ *Las horas en cuidado*: \_\_\_\_\_ TO \_\_\_\_\_ Example: 6am-5:30pm

(4) DAYS IN CARE/ *Los días en cuidado*: \_\_\_\_\_ Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE:  
*Las comidas servidas normalmente al niño mientras en el cuidado:*

**BREAKFAST   AM-SNACK   LUNCH   PM-SNACK   SUPPER   EVENING-SNACK**

(Please circle meals)

(6) \_\_\_\_\_  
Signature- Parent or Adult Household Member  
*Firma de un miembro adulto de la unidad familiar*

(7) \_\_\_\_\_  
Today's enrollment date into Food Program  
*fecha*

(8) WITHDRAWAL DATE: \_\_\_\_\_

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