

## ENROLLMENT WORKSHEET

Great Falls Day Care Association/CACFP

90 Northern Lights Blvd

Kalispell, MT 599010000

### BLANK ENROLLMENT WORKSHEET

#### CHLD INFO:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

#### PARENT INFO:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_ Male \_\_\_\_ Female Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Over Night Stay Approved: \_\_\_\_ Yes \_\_\_\_ No

#### WORK SCHEDULE

\_\_\_\_ Do No Work \_\_\_\_ Typical 9 to 5 \_\_\_\_ Night Shift ☒ Work Schedule Varies

#### FORMULA OPTION

\_\_\_\_ I will supply formula and food \_\_\_\_ I accept the formula and food the Provider Supplies

☒ I will supply the formula and the Provider will supply the food.

Name of Formula: \_\_\_\_\_

#### PAYMENT SOURCE

\_\_\_\_ Private

\_\_\_\_ DHS

\_\_\_\_ DFS

#### SCHOOL INFO:

#### CHILD'S RACE

\_\_\_\_ School Age \_\_\_\_ Pre-School \_\_\_\_ Home-School \_\_\_\_ White (not Hispanic) \_\_\_\_ Black (not Hispanic)

\_\_\_\_ AM Kindergarten \_\_\_\_ PM Kindergarten \_\_\_\_ Kindergarten \_\_\_\_ Hispanic \_\_\_\_ Pacific Islander / Asian

\_\_\_\_ Variable Kindergarten (Alternates AM and PM) \_\_\_\_ American Indian / Alaskan Native

Schooling is Year Round: \_\_\_\_ Yes School Name: \_\_\_\_\_

School Number: \_\_\_\_\_ School District: \_\_\_\_\_

I anticipate the Days my child will participate will be: \_\_\_\_ MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ FRI \_\_\_\_ SAT \_\_\_\_ SAT ☒ Days will vary

Drop Off Time: \_\_\_\_ : \_\_\_\_ AM / PM Pick Up Time: \_\_\_\_ : \_\_\_\_ AM / PM ☒ Times will vary

I anticipate the Days my child will participate will be: ☒ Breakfast \_\_\_\_ AM Snack ☒ Lunch ☒ PM Snack \_\_\_\_ Dinner \_\_\_\_ Evening Snack

#### - FOR PROVIDER USE -

#### RELATIONSHIP TO PROVIDER

☒ Not Related

\_\_\_\_ Related, Non-resident

Special Needs Child: \_\_\_\_ Yes \_\_\_\_ No

Special Diet: \_\_\_\_ Yes \_\_\_\_ No

If Special Diet, explain: \_\_\_\_\_

Child will participate in CACFP: ☒ Yes

Child Number: \_\_\_\_\_

Child Group: \_\_\_\_\_

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USD's TARGET

To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 328-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**ENROLLMENT WORKSHEET**

**Great Falls Day Care Association/CACFP**  
**90 Northern Lights Blvd**  
**Kalispell, MT      599010000**

<input type="checkbox"/> Own Child	_____
<input type="checkbox"/> Helper's Child	_____
<input type="checkbox"/> Foster Child	_____