Child Enrollment Form 2018-2019

Sponsoring Organization:	Center Information:
CBS State Sponsored Food Program 85 Tomlinson Road Suite D Huntingdon Valley, Pa 19006 Phone: 215-938-0201	**LITTLE SCHOLARS ACADEMY 5000005539** 2010 Rhawn Street, Philadelphia, Pennsylvania 19152 (215) 342-9500

Fill out all FIELDS (*) in PRINT with Black Ink if left blank-forms will NOT be processed-child(ren) will NOT be placed on roster to receive meals

REQUIRED: ➔ ***Signature** _____ ***Date** _____
Parent/Guardian

REQUIRED: ➔ ***Signature** _____ ***Date** _____
Center Administrator/Home Provider

***Normal Hours of Care** (write in times)*

Monday ? Friday Drop Off: _____ Pick Up: _____
* If more than 8 hours of care per day, please attach an explanation to this form.

Saturday Drop Off: _____ Pick Up: _____Sunday Drop Off: _____Pick Up: _____

➔* **DO NOT LEAVE BLANK! Daily Expected Meal Service Participation** (please check box-**regardless of age-DO NOT LEAVE BLANK!**)
Breakfast ☐ | AM Snack ☐ | Lunch ☐ | PM Snack ☐ | Supper ☐ | Eve Snack ☐

Is this child of school age? ___Yes ___No If yes, will additional meals be **provided by parents** when school is not in session? ___Yes ___N If yes, please specify the meal: ___Breakfast ___Lunch ___Snack ___Supper

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***Child?s FIRST NAME:**

***Child?s LAST NAME:**

***Child?s Date of Birth:**

If under 12 months, in addition, need Infant Supplement form (0 to 12 months) 3pages TOTAL

*MM / DD / YY

***Address:**

***Apt.# or Floor** ***City** ***State** ***Zip Code**

***PARENT/GUARDIAN:**

(E-mail):

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. **C.B.S. State Sponsored Food Program** is the sponsor. In order to receive federal funds, representatives of the sponsoring organization may contact you to verify your child?s participation. Please indicate what time and method of contact you prefer:

***Telephone (home):** **Telephone (work):**

_____Day _____Evening _____Time
_____Letter _____Telephone (home) _____Telephone (work)

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For Sponsor Use Only

Child enrolled on:_____ Child withdrew on:_____