



# Child Enrollment Form 2019-2020



Sponsoring Organization: CBS State Sponsored Food Program **Center: LITTLE SCHOLARS ACADEMY 500005539**  
 Address: 85 Tomlinson Road Suite D Address: 2010 Rhawn Street, Philadelphia, Pennsylvania 19152  
 Huntingdon Valley, Pa 19006  
 Phone: 215-938-0201 Phone: (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

\*Child's FIRST NAME:

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\*Child's LAST NAME:

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\*Child's Date of Birth:

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

\*MM / DD / YY

\*Address:

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\*Apt.# or Floor

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\*City

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\*State

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\*Zip Code

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\*PARENT/GUARDIAN:

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(E-mail):

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**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):

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Telephone (work):

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\_\_\_ Day  
 \_\_\_ Letter

\_\_\_ Evening  
 \_\_\_ Telephone (home)

\_\_\_ Time  
 \_\_\_ Telephone (work)

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

**For Sponsor Use Only**

Child enrolled on: \_\_\_\_\_ Child withdrew

on: \_\_\_\_\_