

**ENROLLMENT WORKSHEET**

**Children's Hunger Alliance  
1105 Schrock Road Suite 505  
Columbus, OH 432290000**

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**CHILD INFO:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**PARENT INFO:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

**WORK SCHEDULE**

\_\_\_\_ Do Not Work \_\_\_\_ Typical 9 to 5 \_\_\_\_ Night Shift \_\_\_\_ Work Schedule Varies

**FORMULA OPTION:**

\_\_\_\_ Parent Supplies Breast Milk of Formula

\_\_\_\_ Parent Accepts Provider-Supplied Formula

**FOOD OPTION:**

\_\_\_\_ Parent Supplies Additional Food and Refuses Provider's Foods

\_\_\_\_ Provider Supplies Additional Food when Developmentally Appropriate

**PAYMENT SOURCE:**

\_\_\_\_ Private/No Pa

\_\_\_\_ DHS/Country

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

**SCHOOL INFO:**

\_\_\_\_ School Age \_\_\_\_ AM Kindergarten \_\_\_\_ AM Headstart \_\_\_\_ Hispanic/Latino \_\_\_\_ American Indian / Alaska Native  
\_\_\_\_ Home School \_\_\_\_ PM Kindergarten \_\_\_\_ PM Headstart \_\_\_\_ Not Hispanic \_\_\_\_ Asian  
\_\_\_\_ All Year School \_\_\_\_ All Day Kindergarten \_\_\_\_ All Day Headstart \_\_\_\_ or Latino \_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian / Pacific Islander  
\_\_\_\_ White

School Name: \_\_\_\_\_

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

School Depart Time: \_\_\_\_:\_\_\_\_ AM / PM Return Time: \_\_\_\_:\_\_\_\_ AM / PM

Day Attending School: \_\_\_\_ MON \_\_\_\_ TUE \_\_\_\_ WED \_\_\_\_ THU \_\_\_\_ FRI

**CHILD ATTENDANCE:**

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

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

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Agency Contact Info:

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