



ANGELS CHILD CARE FOOD PROGRAM
13200 Crossroads Parkway North, Suite 155
City of Industry, CA 91746-3423

NOTICE TO DROP CHILDREN

Provider Name: _____

Please drop the following children from my enrollment list. I understand that once I notify Angels to drop a child from my enrollment list and if that child should return to my day care, I must re-enroll that child again in order to claim him or her.

CHILD NAME	DATE DROPPED/LAST DAY CLAIMED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Provider Signature - Provider No.	Date



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