



ANGELS CHILD CARE FOOD PROGRAM

Enrollment Up-Date

Provider Name: _____ Provider No. _____

(Check all that apply) Hours Days Address Home Phone Number Work Phone Number

Child's Name: _____ Effective Date: _____

Days of Care: M T W Th F Sat Sun (Meals served): B AM-Snk L PM-Snk D Eve-Snk Hours of Care: _____ AM - _____ PM

School Attended: _____ School Hours: _____ AM - _____ PM

Home Phone Number: _____ Work Phone Number: _____

Home Address: _____ City: _____ Zip: _____

Parent Signature/Print: _____ / _____ Date: _____

This form will be attached to child's current enrollment form. All enrollments must be renewed annually. This change will be effective until another change takes place or enrollment renewal is received. Changes must be received within 5 days of change. AngelsCCFP Staff verifies all forms received.



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