

ENROLLMENT WORKSHEET

**THE PLANNING COUNCIL
4350 Camp Kaufmann Rd
Huntingtown, MD 206390000**

BLANK ENROLLMENT WORKSHEET

CHLD INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____

DOB: ____/____/____ Enrollment Date: ____/____/____ Sex: ____ Male ____ Female

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____

Sex: ____ Male ____ Female Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email: _____ Over Night Stay Approved: ____ Yes ____ No

WORK SCHEDULE

____ Do No Work ____ Typical 9 to 5 ____ Night Shift ____ Work Schedule Varies

FORMULA OPTION

____ I will supply formula and food ____ I accept the formula and food the Provider Supplies

____ I will supply the formula and the Provider will supply the food.

Name of Formula: _____

PAYMENT SOURCE

____ Private

____ DHS

____ DFS

SCHOOL INFO:

CHILD'S RACE

____ School Age ____ Pre-School ____ Home-School ____ White (not Hispanic) ____ Black (not Hispanic)

____ AM Kindergarten ____ PM Kindergarten ____ Kindergarten ____ Hispanic ____ Pacific Islander / Asian

____ Variable Kindergarten (Alternates AM and PM) ____ American Indian / Alaskan Native

Schooling is Year Round: ____ Yes School Name: _____

School Number: _____ School District: _____

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

Drop Off Time: _____ AM / PM Pick Up Time: _____ AM / PM ____ Times will vary

I anticipate the Days my child will participate will be: ____ Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Dinner ____ Evening Snack

- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

____ Not Related

____ Related, Non-resident

Special Needs Child: ____ Yes ____ No

Special Diet: ____ Yes ____ No

If Special Diet, explain: _____

Child will participate in CACFP: ____ Yes

Child Number: _____

Child Group: _____

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