

Child Information Form for the month of:

This form is to be sent in each month with your menus.

Name:
Address:
Phone:

Provider ID:
Specialist:

Licensed
 Helper
 Split Shifts
Expires

Number:
Approved:

Meal times	
Breakfast	<input type="text"/>
AM Snack	<input type="text"/>
Lunch	<input type="text"/>
PM Snack	<input type="text"/>
Dinner	<input type="text"/>
Eve snack	<input type="text"/>

Child #: To add, enter child's name, date of birth, and enrollment date in blank space:

To remove, enter last day in care:

Date of birth:

Enrollment Date:

Age as of:

Days/Meals/Codes*

Parents sign and date

Child #:	To add, enter child's name, date of birth, and enrollment date in blank space:	To remove, enter last day in care:	Date of birth:	Enrollment Date:	Age as of:	Days/Meals/Codes*	Parents sign and date
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*Special codes: PO:Provider's own;FC:Foster Child;RN:Related NonResident;SN:Special needs;D:Special Diet;F:Formula exemption;RR:Related Resident

Days your Day Care was open for Holiday care: Date _____ Holiday: _____ Date: _____ Holiday: _____

Signature: _____ Date: _____

Helper Signature: _____ Date: _____