

ENROLLMENT WORKSHEET

Providers Choice

PO Box 390813

Minneapolis, MN 554390813

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: Food and Nutrition Service, MN Dept of Ed -- (651) 582-8526 or (800) 366-8922 or fns@state.mn.us

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