**Blessed Trinity Learning Center**

**ENROLLMENT FOR CHILD AND ADULT CARE FOOD PROGRAM**

|  |  |
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| **Name of Child Care Center:** | **Blessed Trinity Learning Center**  |

***Important: This form must be updated annually.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s) of Enrolled Children: (Please print)** | **Days in Care** **(Check days that apply)** |  | **Meals Served****(Check meals that apply)** |
| **M** | **TU** | **WE** | **TH** | **FR** | **SA** | **SU** | **Breakfast** | **AM Snack** | **Lunch** | **PM****Snack** | **Supper** |
| **1.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |  |  |  |

 Printed Name of Parent/Guardian Signature of Parent/Guardian

 Date Signed

 Phone Number of Parent/Guardian: