**Blessed Trinity Learning Center**

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

|  |  |
| --- | --- |
| **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: