

Policy Instruction 05-03
IDOE/CACFP

Name of Institution: Tri-Star Alliance, Inc.

December 10, 2004

Sponsor ID Number: 1100175

Name of Provider: _____

ENROLLMENT FORM

Name of Child: _____ Date of Birth: _____

In the chart below, please indicate the normal days and hours your child is in care, and the meals received while in care.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Please check (✓) the days your child is normally in care							
Please enter the normal hours your child is in care (e.g. 7:30 am – 5 pm)							
Please check (✓) the meals your child normally receives while in care	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____	Breakfast_____ AM snack_____ Lunch_____ PM snack_____ Supper_____ Night snack____

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled participant, and must be updated annually.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____

Phone Number: _____

Address: _____

