

ENROLLMENT WORKSHEET

Joyce Network, Inc

9474 N 400 West

Fountaintown

IN 46130

CHILD INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: ____/____/____ Enrollment Date: ____/____/____

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Email: _____

FORMULA OPTION:

FOOD OPTION:

Parent Supplies Breast Milk or Formula

Parent Supplies Additional Food and Refuses Provider's Foods

Parent Accepts Provider-Supplied Formula

Provider Supplies Additional Foods When Developmentally Appropriate

Name of Parent Formula: _____

SCHOOL INFO:

ETHNICITY:

RACE:

School Age AM Kindergarten AM Headstart Hispanic/Latino American Indian / Alaska Native

Home School PM Kindergarten PM Headstart Not Hispanic or Latino Asian

All Year School All Day Kindergarten All Day Headstart Black or African American

School Name: _____ Native Hawaiian / Pacific Islander White

School Number: _____ School District: _____

School Depart Time: _____ : _____ AM / PM Return Time: _____ : _____ AM / PM

Days 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 _____ Times will vary

I anticipate the Meals my child will participate will be: Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

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- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

____ Not related

____ Related, non-resident

____ Own Child

____ Helper's Child

____ Foster Child

Special needs Child

____ Yes ____ No

Special diet

____ Yes ____ No

If special diet, explain

Child will participate in CACFP ____ Yes

Child Number: _____

Child Group: _____