

ENROLLMENT WORKSHEET

Day Nursery Association of Indianapolis

615 N. Alabama, Suite 300

Indianapolis

IN 46204

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: _____

FORMULA OPTION:

FOOD OPTION:

____ Parent Supplies Breast Milk or Formula
____ Parent Accepts Provider-Supplied Formula
Name of Parent Formula: _____

____ Parent Supplies Additional Food and Refuses Provider's Foods
____ Provider Supplies Additional Foods When Developmentally Appropriate

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 ____ Native Hawaiian / Pacific Islander
School Name: _____ ____ 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

Parent/Guardian Signature: _____ Date: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

<input type="checkbox"/> Not related	Special needs Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child will participate in CACFP	<input type="checkbox"/> Yes
<input type="checkbox"/> Related, non-resident	Special diet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Number: _____	
<input type="checkbox"/> Own Child	If special diet, explain	_____			Child Group: _____
<input type="checkbox"/> Helper's Child	_____				
<input type="checkbox"/> Foster Child	_____				

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