

ENROLLMENT WORKSHEET

**Bethany Evangelical Lutheran Church of Indian:
5222 Mann Rd
Indianapolis, IN 462210000**

BLANK ENROLLMENT WORKSHEET

CHLD INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____

DOB: ____/____/____ Enrollment Date: ____/____/____ Sex: ____ Male ____ Female

PARENT INFO:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____ - _____ - _____

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

Email: _____ Over Night Stay Approved: ____ Yes ____ No

WORK SCHEDULE

____ Do No Work ____ Typical 9 to 5 ____ Night Shift ____ Work Schedule Varies

FORMULA OPTION

PAYMENT SOURCE

____ I will supply formula and food ____ I accept the formula and food the Provider Supplies

____ I will supply the formula and the Provider will supply the food.

Name of Formula: _____

____ Private
____ DHS
____ DFS

SCHOOL INFO:

CHILD'S RACE

____ School Age ____ Pre-School ____ Home-School ____ White (not Hispanic) ____ Black (not Hispanic)
____ AM Kindergarten ____ PM Kindergarten ____ Kindergarten ____ Hispanic ____ Pacific Islander / Asian
____ Variable Kindergarten (Alternates AM and PM) ____ American Indian / Alaskan Native

Schooling is Year Round: ____ Yes School Name: _____

School Number: _____ School District: _____

I anticipate the Days my child will participate will be: ____ MON ____ TUE ____ WED ____ THU ____ FRI ____ SAT ____ SAT ____ Days will vary

Drop Off Time: _____ AM / PM Pick Up Time: _____ AM / PM ____ Times will vary

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

- FOR PROVIDER USE -

RELATIONSHIP TO PROVIDER

Special Needs Child: ____ Yes ____ No

Child will participate in CACFP: ____ Yes

____ Not Related

Special Diet: ____ Yes ____ No

Child Number: _____

____ Related, Non-resident

If Special Diet, explain: _____

Child Group: _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USD's TARGET

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_____ Own Child	_____
_____ Helper's Child	_____
_____ Foster Child	_____

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