



ENROLLMENT VERIFICATION FORM

MY CHILD(REN) ARE ENROLLED ON THE FOLLOWING DAYS EACH WEEK. PLEASE CHECK ALL THAT APPLY.

My child Child's Full Name is enrolled on:

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

My child Child's Full Name is enrolled on:

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

My child Child's Full Name is enrolled on:

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

IF YOU HAVE ADDITIONAL CHILDREN, PLEASE PRINT AN ADDITIONAL FORM.

MY CHILD(REN) WILL RECEIVE THE FOLLOWING MEALS EACH DAY. PLEASE CHECK ALL THAT APPLY.

Child's First Name

- BREAKFAST
SERVED @ 8:30AM
 LUNCH
SERVED @ 11:30AM
 P.M. SNACK
SERVED @ 3:00PM

Child's First Name

- BREAKFAST
SERVED @ 8:30AM
 LUNCH
SERVED @ 11:30AM
 P.M. SNACK
SERVED @ 3:00PM

Child's First Name

- BREAKFAST
SERVED @ 8:30AM
 LUNCH
SERVED @ 11:30AM
 P.M. SNACK
SERVED @ 3:00PM

_____/_____/_____
Parent or Guardian Signature

_____/_____/_____
Date

_____/_____/_____
Food Service Supervisor's Signature

_____/_____/_____
Date

PLEASE RETURN THIS FORM TO THE OFFICE. THANK YOU!