

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			☐ Thursda	Y FRIDAY
		= !! »:			
My child	Child's	Full Name	is enrolled on:		
	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDA	Y
My child	Child's	Full Name	is enrolled on:		
,			☐ WEDNESDAY	☐ THURSDA	y 🖵 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 Nam	ne Chi	ld's First Nam	10	Child's First Name
☐ BREA			☐ BREAKFAST		☐ BREAKFAST
	ERVED @ 8:30AM		SERVED @ 8:30AM		SERVED @ 8:30AM
☐ LUN	СН	□ ι	☐ LUNCH		☐ LUNCH
	ERVED @ 11:30 AI		SERVED @ 11:30AM		SERVED @ 11:30AM
	I. SNACK		☐ P.M. SNACK		P.M. SNACK
S	ERVED @ 3:00 PM		SERVED @ 3:00PM		SERVED @ 3:00PM
Parent or Guardian Signature					Date
					, ,
Food S	ervice Sunerviso	r's Signature			

PLEASE RETURN THIS FORM TO THE OFFICE. THANK YOU!