



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!