

Maryland State Department of Education  
School and Community Nutrition Programs Branch

**CHILD CARE ENROLLMENT FORM**

Name of Child Care Center: \_\_\_\_\_

| Child(ren): | <u>Circle Days In Care</u> | <u>Circle Meals Served</u> |
|-------------|----------------------------|----------------------------|
| Name: _____ | M T W TH F SA S            | B AM L PM S<br>Snack Snack |
| Name: _____ | M T W TH F SA S            | B AM L PM S<br>Snack Snack |
| Name: _____ | <del>M T W TH F SA S</del> | B AM L PM S<br>Snack Snack |
| Name: _____ | M T W TH F SA S            | B AM L PM S<br>Snack Snack |

Address of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

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\*ANNUAL UPDATES: \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

\*Note: This information must be updated annually. If there are no changes to report, have the parent/guardian initial and date above. If there are changes to report, a new form must be completed.