

USDA Enrollment Form

Child's Name _____ DOB _____

As a participant of USDA, I will supply the following meals & snacks for your child, according to the meal pattern chart shown. Please Check

_____ Breakfast _____ Lunch _____ PM Snack

***Breakfast 7:00-9:00 6 wks - 12 years Year Round (January - December)**

***Lunch 11:00-12:00 6 wks - 4 years Year Round (January - December)**

***P.M. Snack 2:30-4:00 6wks - 12 years Year Round (January - December)**

* Meals are served according to the ages of your child. Younger Children are fed first. If your child is Before School, After School or Before& After School, please check the appropriate meals

Days your child will be present at Daycare _____

Drop Off Time _____ Pick up Time _____



Parent Name _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Phone Work _____

Signature _____ Date _____