

### CHILD ENROLLMENT FORM

This form must be updated annually

Nez Perce Tribe Mamáy'asnim Hitéemenwees (Children's School) \_\_\_\_\_

**Child Care Center or Provider Name**

NAME OF CHILD	BIRTH DATE	NORMAL HOURS IN CARE		NORMAL MEALS WHILE IN CARE					
		From	To	BKFST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK
<small>Last, First</small> PLEASE PRINT	<small>(Mo/Day/Yr)</small>								
	/ /	am/pm	am/pm	X		X	X		
	/ /	am/pm	am/pm	X		X	X		
	/ /	am/pm	am/pm	X		X	X		

Days in care on a normal week (circle): Sun. Mon. Tue. Wed. Thur. Fri. Sat.

I understand my child/children will receive meals at no extra charge to me when they are in care during any of the scheduled meal services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent Address \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Race/Ethnic Identity: You are not required to answer these questions. (Please circle all that apply)**

Hispanic or Latino	Non Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
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This institution is an equal opportunity provider.