

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

This institution is an equal opportunity provider.